Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called *ajoint* case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	Part 1: Identify Yourself						
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):				
1.	Your full name						
	Write the name that is on your	David					
	government-issued picture identification (for example, your driver's license or passport).	First name	First name				
		Middle name	Middle name				
	Bring your picture identification to	Neewilly					
	your meeting with the trustee.	Last name	Last name				
		Suffix (Sr., Jr, II, III)	Suffix (Sr., Jr, II, III)				
2.	All other names you have used in the last 8 years						
	-	First name	First name				
	Include your married or maiden names.						
	namos.	Middle name	Middle name				
		Last name	Last name				
		First name	First name				
		Middle name	Middle name				
		Last name	Last name				
3.	Only the last 4 digits of your	xxx-xx- <u>9 1 4 6</u>	xxx - xx				
	Social Security number or federal Individual Taxpayer	 OR	OR				
	Identification number (ITIN)	9 xx - xx	9xx - xx				

Debtor 1 David Neewilly Case number (if known) _ First Name Middle Name Last Name **About Debtor 1:** About Debtor 2 (Spouse Only in a Joint Case): 4. Any business names and Employer Identification ✓ I have not used any business names or EINs. ☐ I have not used any business names or EINs. Numbers (EIN) you have used in the last 8 years Business name Business name Include trade names and doing business as names Business name Business name EIN EIN EIN If Debtor 2 lives at a different address: Where you live 44 Tunis Ave Number Street Number Street Pleasantville, NJ 08232-3037 City ZIP Code City State ZIP Code **Atlantic** County County If your mailing address is different from the one above, fill If Debtor 2's mailing address is different from the one it in here. Note that the court will send any notices to you at above, fill it in here. Note that the court will send any notices this mailing address. to you at this mailing address. Number Street Number Street P.O. Box P.O. Box City ZIP Code City ZIP Code State State Why you are choosing this Check one: Check one: district to file for bankruptcy

✓ Over the last 180 days before filing this petition, I have

lived in this district longer than in any other district.

☐ I have another reason. Explain.

(See 28 U.S.C. § 1408)

✓ Over the last 180 days before filing this petition, I have

☐ I have another reason. Explain.

(See 28 U.S.C. § 1408)

lived in this district longer than in any other district.

Debtor 1 David		Neewilly Case nu		umber (if known)				
	First Name	Middle N			Case ne	milet (ii kilewi)		
Par	t 2: Tell the Court About Yo	our Bank	ruptcy Case					
7.	The chapter of the Bankruptcy		ne. (For a brief description of 2010)). Also, go to the top of			342(b) for Individuals Filing for Bankruptcy		
	Code you are choosing to file under	☐ C	hapter 7					
		☐ C	hapter 11					
		☐ C	hapter 12					
		☑ C	hapter 13					
8.	How you will pay the fee	the fee I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more detabout how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or mon order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check to a pre-printed address.						
			ed to pay the fee in installm or Filing Fee in Installments (0		otion, sign and attac	ch the Application for Individuals to Pay		
		but that	is not required to, waive your applies to your family size an	fee, and may do so only if d you are unable to pay th	your income is less ne fee in installments	iling for Chapter 7. By law, a judge may, s than 150% of the official poverty line s). If you choose this option, you must fill 03B) and file it with your petition.		
9.	Have you filed for bankruptcy	✓ No.						
9.	within the last 8 years?	\square_{Yes}	District	When		Case number		
					MM / DD / YYYY			
			District	When		Case number		
					MM / DD / YYYY			
			District	When		Case number		
					MM / DD / YYYY			
10.	Are any bankruptcy cases	✓ No.						
	pending or being filed by a	$\square_{Yes.}$	Debtor			Relationship to you		
	spouse who is not filing this case with you, or by a business		District			Case number, if known		
	partner, or by an affiliate?				M / DD / YYYY			
			5			5		
			Debtor			Relationship to you		
			District			Case number, if known		
				MIN	M / DD / YYYY			
		- M	0					
11.	Do you rent your residence?	_	Go to line 12.					
		☐ Yes	. Has your landlord obtained	an eviction judgment aga	inst you?			

☐ Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it as part of this bankruptcy petition.

☐ No. Go to line 12.

	First Name	Mid	dle Na	me Last Name			(
Par	t 3: Report About Any Busin	ess	es Yo	u Own as a Sole Pr	oprietor			
		Ą	No. G	o to Part 4.				
12.	Are you a sole proprietor of any full- or part-time business?		Yes. N	Name and location of busi	ness			
	A sole proprietorship is a business out operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.							_
	If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.		Numb	er Street	_			
			City			State	ZIP Code	_
			Chec	k the appropriate box to c	lescribe your	business:		
			☐ F	lealth Care Business (as	defined in 11	U.S.C. § 101(27A))		
				ingle Asset Real Estate (as defined in	11 U.S.C. § 101(51E	3))	
				tockbroker (as defined in	11 U.S.C. § 1	101(53A))		
				Commodity Broker (as defi	ned in 11 U.S	S.C. § 101(6))		
				lone of the above				
13.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a <i>small business debtor?</i> For a definition of <i>small business debtor</i> , see 11 U.S.C. § 101(51D).	deal ope 11 U	erations J.S.C. No. No.	If you indicate that you are a cash-flow statement, an § 1116(1)(B). I am not filing under C I am filing under Chap Bankruptcy Code.	e a small bus d federal inco hapter 11. oter 11, but I a	iness debtor, you mu me tax return or if an am NOT a small busi	re a small business debtor so st attach your most recent bala y of these documents do not e these debtor according to the debtor according to the debtor according to the definition	ance sheet, statement of xist, follow the procedure in definition in the
Par	t 4: Report if You Own or Ha	ave.	Any I	Hazardous Property	or Any Pr	operty That Nee	eds Immediate Attentio	on
14.	Do you own or have any	Ą	No.					
	property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or		Yes.	What is the hazard?				
	safety? Or do you own any property that needs immediate attention? If immediate attention is needed, why is it needed?					is it needed?		
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?			Where is the property?	Number	Street		
					City		State	ZIP Code

Case number (if known) __

<u>David</u>

Debtor 1

Debtor 1

Part 5:

David Neewilly Case number (if known).

First Name

Middle Name

Last Name

Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

> The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About [Debtor '	1
---------	----------	---

You must check one:

✓ I received a briefing from an approved credit counseling agency within the 180 before I filed this bankruptcy petition,

and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

> Incapacity. I have a mental illness or a mental deficiency that makes me incapable

of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried

to do so

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if

l certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried

to do so

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debt	or 1	David		Neewilly		Case	number (if	known)
		First Name	Middle Na	me Last Name			,	. ,
Par	t 6: Answ	er These Question	ns for Re	porting Purposes				
16.	What kind of debts do you have?		16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurre an individual primarily for a personal, family, or household purpose."					
				No. Go to line 16b.				
				Yes. Go to line 17.				
						? Business debts are debts tha ration of the business or investr	•	ed to obtain money for a
				No. Go to line 16c.				
				Yes. Go to line 17.				
			16c. Stat	e the type of debts you owe th	nat are no	t consumer debts or business d	lebts.	
17.	Are you filin	ng under Chapter 7?	✓ No.	. I am not filing under Chapte	er 7. Go t	o line 18.		
	exempt prop and administ are paid that	mate that after any perty is excluded strative expenses t funds will be r distribution to creditors?	expenses are paid that funds will be available to distribute to unsecured creditors?					
	unoodurou		- 6					
40	How many	raditara da vali	✓ 1-49	_		1,000-5,000		25,001-50,000
18.	How many creditors do you estimate that you owe?		50-9			5,001-10,000		50,000-100,000
)-199)-999	_	10,001-25,000	_	More than 100,000
10	How much	do you estimate	-4	\$50,000		\$1,000,001-\$10 million		\$500,000,001-\$1 billion
19.		to be worth?		0,001-\$100,000		\$10,000,001-\$50 million		\$1,000,000,001-\$10 billion
			_ `	00,001-\$500,000		\$50,000,001-\$100 million		\$10,000,000,001-\$50 billion
			\$50	00,001-\$1 million		\$100,000,001-\$500 million		More than \$50 billion
			□ \$0-3	\$50,000		\$1,000,001-\$10 million		\$500,000,001-\$1 billion
20.	How much your liabiliti	do you estimate),001-\$100,000		\$10,000,001-\$50 million		\$1,000,000,001-\$10 billion
	,			00,001-\$500,000	u	\$50,000,001-\$100 million		\$10,000,000,001-\$50 billion
			□ \$50	00,001-\$1 million	Ц	\$100,000,001-\$500 million	Ц	More than \$50 billion
Par	t 7: Sign E	Below						
For	· vou	Lhavo o	vaminad this	s potition, and I doclare under	nonalty	of paritury that the information pr	ovidad is tru	up and correct
If I have Code. I u If no atto obtained I reques I undersi		have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. f I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.						
			ents me and I did not pay or a he notice required by 11 U.S.0			ney to help i	me fill out this document, I have	
			• •	• (Inited States Code, specified in	this petition	n.	
		tand making	g a false statement, concealin	g propert	• •	ty by fraud ir	n connection with a bankruptcy case	
		X	/s/ David N	eewilly				
		• -	avid Neewi	•				
		E	xecuted on	01/12/2018 MM/ DD/ YYYY				

Debtor 1	David First Name	Middle Name	Neewilly Last Name	Case number (if known)			
represented If you are no	orney, if you are by one t represented by an u do not need to file this	under Chapter 7 which the persor in a case in whic filed with the per	ey for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed the result of the relief available under each chapter of the result of the relief available under each chapter of the result of the relief available under each chapter of the result of the relief available under each chapter of the relief available und				
		Firm name 1201 New Number		oombs, P.A.			

08221-1154

Email address <u>JCoombs@Youngbloodlegal.com</u>

ZIP Code

NJ State

NJ

State

Linwood City

017962002

Bar number

Contact phone (609) 601-6600

Fill in this informa	ation to identify you	r case and this filing:		
Debtor 1	David		Neewilly	
	First Name	Middle Name	Last Name	
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for	the:	District of New Jersey	
Case number				Check if the amended f

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property? ■ No. Go to Part 2. Yes. Where is the property? What is the property? Check all that apply. 44 Tunis Ave Do not deduct secured claims or exemptions. Put the Street address, if available, or other ✓ Single-family home amount of any secured claims on Schedule D: description Creditors Who Have Claims Secured by Property. ☐ Duplex or multi-unit building ☐ Condominium or cooperative Current value of the Current value of the ■ Manufactured or mobile home entire property? portion you own? ☐ Land \$92,000.00 \$46,000.00 Pleasantville, NJ 08232-3037 ☐ Investment property ZIP Code Describe the nature of your ownership interest (such ☐ Timeshare as fee simple, tenancy by the entireties, or a life Atlantic Other _ estate), if known. County Who has an interest in the property? Check one. Fee Simple Debtor 1 only Debtor 2 only ☐ Check if this is community property ☐ Debtor 1 and Debtor 2 only (see instructions) At least one of the debtors and another 2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages \$46,000.00 you have attached for Part 1. Write that number here.....

Debtor 1	David		Neewilly	Case number (if known)	<u> </u>
	First Name	Middle Name	Last Name	,	
D 10					
Part 2:	Describe Your Veh	nicles			
you own th	vans, trucks, tractors,	. If you lease a vehicle, a	n any vehicles, whether they are registered or not? It also report it on Schedule G: Executory Contracts and notorcycles		
3.1 M		Mazda V	Who has an interest in the property? Check one.		
	lodel:	Tribute	Debtor 1 only	amount of any secured cla	
	ear:	_	Debtor 2 only Debtor 1 and Debtor 2 only	Current value of the	ims Secured by Property. Current value of the
	pproximate mileage:	187,000	At least one of the debtors and another	entire property? \$459.00	portion you own?
	other information:	[Check if this is community property (see instructions)	φ+33.00	Ψ433.00
L					
	es the dollar value of the p		of your entries from Part 2, including any entries free		→ \$459.00
Part 3:	Describe Your Per	sonal and Househ	old Items		
Do you o	own or have any legal o	or equitable interest in a	any of the following items?		Current value of the portion you own? Do not deduct secured claims or exemptions.
6. Hous e	ehold goods and furni	shings			
Examp		s, furniture, linens, china	a, kitchenware		7
Ŭ Ye	s. Describe	Misc. Furniture			\$500.00
7. Electro	onics				
Examp			reo, and digital equipment; computers, printers, scan cameras, media players, games	ners; music collections;	
☐ No ☑ Ye	o s. Describe	Computer, phone & TV	1		\$1,000.00
8. Collec	ctibles of value				_
	ples: Antiques and figu		or other artwork; books, pictures, or other art objects; other collections, memorabilia, collectibles	s;	
√ No ☐ Ye	• • • • •	The state of the s	, said saidaid of manarabilia, collections		

Deb	tor 1	David	Neewilly	_ Case number (if known) _	
		First Name	Middle Name Last Name		
q	Fauinment	for sports and h	ohhies		
		Sports, photograp	phic, exercise, and other hobby equipment; bicycles, pool tables, go musical instruments	If clubs, skis; canoes and kayaks;	
	√ No		nusical instruments		
	Yes. Des	scribe			
10.		Distala villas al			
	Examples: No		hotguns, ammunition, and related equipment		
	☐ Yes. De	escribe			
11.		Commission alotte	- fue leather caste decimands about a conserving		
	Examples:		es, furs, leather coats, designer wear, shoes, accessories Clothes		tooo oo
	Yes. De	escribe			\$200.00
12.	•	Even doviousla	y, costume jewelry, engagement rings, wedding rings, heirloom jew	ally watches game gold silver	
	√ No		y, costume jeweny, engagement migs, wedding migs, neinoom jew	erry, watches, gerns, gold, silver	
	☐ Yes. De	escribe			
13.	Non-farm	animals			
	Examples:	Dogs, cats, bird	ds, horses		
	✓ No ☐ Yes. De	escribe			
1/1	Any other	nersonal and ho	usehold items you did not already list, including any health aids	you did not list	
14.	✓ No	personal and not	useriola items you did not already list, including any health alds	you did not list	
		escribe			
15.			of your entries from Part 3, including any entries for pages you h		
	for Part 3.	Write that numb	er here	→	\$1,700.00
0		5.			
			ancial Assets or equitable interest in any of the following?		Current value of the
БО	you own or	nave any legal o	equitable interest in any of the following:		portion you own? Do not deduct secured claims or exemptions.
16.	Cash Examples:	Money you have	e in your wallet, in your home, in a safe deposit box, and on hand whe	en you file your petition	
	✓ No ☐ Yes				

Debtor 1

David

Official Form 106A/B Schedule A/B: Property page 3

	First Name	Middle Name	Last Name				
Deposits of money							
Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.							
☐ No ☑ Yes							
			Institution name:				
	17.1.	Checking account:	Bank of America	\$0.00			
	17.2.	Checking account:					
	17.3.	Savings account:	Bank of America	\$5.75			
	17.4.	Savings account:					
	17.5.	Certificates of deposit:					
	17.6.	Other financial account:					
	17.7.	Other financial account:					
	17.8.	Other financial account:					
	17.9.	Other financial account:					
	-	-					
	Bond funds, investr	ment accounts with brokerage	e firms, money market accounts				
\equiv							
			and unincorporated businesses, including an interest in				
informat	tion about						
Governme	nt and corporate b	onds and other negotiable	and non-negotiable instruments				
-							
informat	tion about						
Retirement	or pension accou	nts					
Examples:	Interests in IRA, E	RISA, Keogh, 401(k), 403(b)	, thrift savings accounts, or other pension or profit-sharing plans				
	Bonds, mu Examples: No Yes Non-public an LLC, pa No Yes. Giv informat them Governme Negotiable a Non-negotia Non-negotia finformat informat them Non-megotia Non-negotia	Deposits of money Examples: Checking, savings similar institutions. No Yes	Deposits of money Examples: Checking, savings, or other financial accounts; similar institutions. If you have multiple accounts No Yes	Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. No vis			

Case number (if known) _

Debtor 1

	First Name Middle	name	Last Name			
22.	Security deposits and prepayments					
	Your share of all unused deposits you have m		-			
	Examples: Agreements with landlords, preparents with landlords, preparents.	aid rent, public	utilities (electric, g	as, water), telecommunications compa	anies, or	
	☑ No ☐ Yes					
23.	Annuities (A contract for a periodic payment	of money to yo	ou, either for life or	for a number of years)		
	☑ No					
24.	Interests in an education IRA, in an accou	-	ed ABLE program	, or under a qualified state tuition pro	ogram.	
	26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).				
	☑ No □ Yes					
25.	Trusts, equitable or future interests in probenefit	perty (other th	an anything listed	l in line 1), and rights or powers exer	cisable for your	
	☑ No					
	☐ Yes. Give specific					
	information about them					
26.	Patents, copyrights, trademarks, trade sec			-		
	Examples: Internet domain names, website	es, proceeas ir	om royaities and li	ensing agreements		
	✓ No ☐ Yes. Give specific					
	information about them					
27.	Licenses, franchises, and other general in	tangibles				
	Examples: Building permits, exclusive lice professional licenses	nses, coopera	tive association ho	ldings, liquor licenses,		
	☑ No					
	Yes. Give specific information about them					
28.	Tax refunds owed to you					
	☑ No					
	Yes. Give specific information about them, including whether you			Fe	ederal:	
	already filed the returns and the			Sta	ate:	
	tax years			Lo	cal:	
20	Family avenue					
29.	Family support Examples: Past due or lump sum alimony,	enaueal eurona	rt child support m	vintenance divorce settlement properti	v settlement	
	Examples. I ast due of fump sum aimony,	эроизаг зиррог	rt, criiid support, me	ilinteriarioe, divorce settement, propert	y Sottomont	
	☑ No					
	☐ Yes. Give specific information			Ali	mony:	
					aintenance:	
					ipport:	
				Di	vorce settlement:	
				Pr	operty settlement:	
						-

Case number (if known) _

Debtor 1

	First Name Middle	Name	Last Name	
30.	Other amounts someone owes you			
	Security benefits; unpaid loans y		lisability benefits, sick pay, vacation pay, workers' compensation, Social neone else	
	✓ No ☐ Yes. Give specific information			
31.	Interests in insurance policies			
	Examples: Health, disability, or life insurance ✓ No	ce; health saving	gs account (HSA); credit, homeowner's, or renter's insurance	
	Yes. Name the insurance company of each policy and list its value			
32.	Any interest in property that is due you fro	m someone who	o has died	
	because someone has died.	ect proceeds fror	om a life insurance policy, or are currently entitled to receive property	
	✓ No ☐ Yes. Give specific information			
33.	Claims against third parties, whether or no	ot you have filed	d a lawsuit or made a demand for payment	
	Examples: Accidents, employment dispute ✓ No	es, insurance clair	ims, or rights to sue	
	Yes. Describe each claim			
34.	Other contingent and unliquidated claims to set off claims	of every nature	e, including counterclaims of the debtor and rights	
	✓ No ☐ Yes. Describe each claim			
	Tes. Describe each claim			
35.	Any financial assets you did not already list	ŧ		
	☑ No			
	Yes. Give specific information			
00		5		
36.			uding any entries for pages you have attached→	\$5.75
Par	5: Describe Any Business-Relate	ed Property Yo	∕ou Own or Have an Interest In. List any real estate in Pa	rt 1.
37.	Do you own or have any legal or equitable	interest in any b	business-related property?	
	☑No. Go to Part 6.			
	Yes. Go to line 38.			

Case number (if known)

Debtor 1

	First Name	Middle Name	Last Name		
20	Accounts receivable or c	ommissions you already earned			
38.	Accounts receivable of C	onimissions you already earned			
	■ No				
	Yes. Describe				
39.	Office equipment, furnis	hings, and supplies			
			ns, printers, copiers, fax machines, rugs, teleph	nones desks chairs electronic	devices
	Examples. Business for	atod compatoro, contrare, medern	no, printore, coprore, tax macrimos, rage, telepr	ionos, acono, onano, olocuorno	, 4011000
	☐ No				
	Yes. Describe				
40.	Machinery, fixtures, equip	pment, supplies you use in busir	iness, and tools of your trade		
	□ No				
	Yes. Describe				
	Tes. Describe				
44	Inventory				
41.	Inventory				
	☐ No				
	Yes. Describe				
42.	Interests in partnerships	s or joint ventures			
	D Na				
	☐ No☐ Yes. Describe				
	Tes. Describe				
	Tes. Describe				
		Name of entity		% of ownership:	
		Name of entity:		% of ownership:	
		Name of entity:		% of ownership: %	
		Name of entity:			
		Name of entity:		%	
		Name of entity:			
		Name of entity:		%	
		Name of entity:		%	
		Name of entity:		%	
42				%	
43.	Customer lists, mailing I	Name of entity:		%	
43.	Customer lists, mailing I ☐ No	lists, or other compilations		% % %	
43.	Customer lists, mailing I No Yes. Do your lists inc	lists, or other compilations	rmation (as defined in 11 U.S.C. § 101(41A))?	% % %	
43.	Customer lists, mailing I No Yes. Do your lists inc	ists, or other compilations	e rmation (as defined in 11 U.S.C. § 101(41A))?	% % %	
43.	Customer lists, mailing I No Yes. Do your lists inc	ists, or other compilations	rmation (as defined in 11 U.S.C. § 101(41A))?	% % %	
43.	Customer lists, mailing I No Yes. Do your lists inc	ists, or other compilations	rmation (as defined in 11 U.S.C. § 101(41A))?	% % %	
	Customer lists, mailing I No Yes. Do your lists inc No Yes. Descri	ists, or other compilations slude personally identifiable infor	e rmation (as defined in 11 U.S.C. § 101(41A))?	% % %	
43.	Customer lists, mailing I No Yes. Do your lists inc No Yes. Descri	ists, or other compilations	rmation (as defined in 11 U.S.C. § 101(41A))?	% % %	
	Customer lists, mailing I No Yes. Do your lists inc No Yes. Descri	ists, or other compilations slude personally identifiable infor	rmation (as defined in 11 U.S.C. § 101(41A))?	% % %	
	Customer lists, mailing I No Yes. Do your lists inc No Yes. Descrit Any business-related pro	ists, or other compilations slude personally identifiable infor	rmation (as defined in 11 U.S.C. § 101(41A))?	% % %	
	Customer lists, mailing I No Yes. Do your lists inc No Yes. Descrit Any business-related pro	ists, or other compilations slude personally identifiable infor	rmation (as defined in 11 U.S.C. § 101(41A))?	% % %	
	Customer lists, mailing I No Yes. Do your lists inc No Yes. Descrii Any business-related pro No Yes. Give specific	ists, or other compilations slude personally identifiable infor	rmation (as defined in 11 U.S.C. § 101(41A))?	% % %	
	Customer lists, mailing I No Yes. Do your lists inc No Yes. Descrii Any business-related pro No Yes. Give specific	ists, or other compilations slude personally identifiable infor	rmation (as defined in 11 U.S.C. § 101(41A))?	% % %	
	Customer lists, mailing I No Yes. Do your lists inc No Yes. Descrii Any business-related pro No Yes. Give specific	ists, or other compilations slude personally identifiable infor	ermation (as defined in 11 U.S.C. § 101(41A))?	% % %	
	Customer lists, mailing I No Yes. Do your lists inc No Yes. Descrii Any business-related pro No Yes. Give specific	ists, or other compilations slude personally identifiable infor	ermation (as defined in 11 U.S.C. § 101(41A))?	% % %	
	Customer lists, mailing I No Yes. Do your lists inc No Yes. Descrii Any business-related pro No Yes. Give specific	ists, or other compilations slude personally identifiable infor	ermation (as defined in 11 U.S.C. § 101(41A))?	% % %	
	Customer lists, mailing I No Yes. Do your lists inc No Yes. Descrii Any business-related pro No Yes. Give specific	ists, or other compilations slude personally identifiable infor	rmation (as defined in 11 U.S.C. § 101(41A))?	% % %	
	Customer lists, mailing I No Yes. Do your lists inc No Yes. Descrii Any business-related pro No Yes. Give specific	ists, or other compilations slude personally identifiable infor	rmation (as defined in 11 U.S.C. § 101(41A))?	% % %	

Case number (if known)

Debtor 1

Debt	or 1 David		Neewilly	Case number (if known)	
	First Name	Middle Name	Last Name		
	•				
45.	Add the dollar value of al	I of your entries from Part 5,	including any entries for page	es you have attached	
	for Part 5. Write that nun	nber here		-	
Par				ou Own or Have an Interest In.	
		an interest in farmland, list it			
46.		legal or equitable interest in	any farm- or commercial fishi	ng-related property?	
	✓No. Go to Part 7.				
	Yes. Go to line 47.				
47.	Farm animals				
	Examples: Livestock, por	ultry, farm-raised fish			
	□ No	7.			
	☐ Yes				
48.	Crops—either growing	or harvested			
	. So				
	Yes. Give specific				
	information				
49.	Farm and fishing equipm	nent, implements, machinery	fixtures, and tools of trade		
	□ No				
	☐ Yes				
50.	Farm and fishing supplie	s, chemicals, and feed			
	□ No				
	Yes				
51.	Any farm- and commercia	al fishing-related property yo	u did not already list		
	☐ No				
	Yes. Give specific				
	information				
52.	Add the dollar value of al	I of your entries from Part 6,	including any entries for page	es you have attached	
		-		·····································	
Par	t 7: Describe All Pro	perty You Own or Hav	e an Interest in That Yo	u Did Not List Above	

Official Form 106A/B Schedule A/B: Property page 8

Debtor 1		David		Neewilly	Case number (if know	Case number (if known)		
		First Name	Middle Name	Last Name				
53.	-	Season tickets,	of any kind you did not alread country club membership	y list?				
54.	Add the dolla	ar value of all o	f your entries from Part 7. Wri	te that number here	→	\$0.00		
Par	t 8: List th	ne Totals of	Each Part of this Form					
55.	Part 1: Total	real estate, line	2		 →	\$46,000.00		
56.	Part 2: Total	vehicles, line 5		\$459.00				
57.	Part 3: Total	personal and h	ousehold items, line 15	\$1,700.00				
58.	Part 4: Total	financial assets	s, line 36	\$5.75				
59.	Part 5: Total	business-relate	ed property, line 45	\$0.00				
60.	Part 6: Total	farm- and fishi	ng-related property, line 52	\$0.00				
61.	Part 7: Total	other property	not listed, line 54	+\$0.00				
62.	Total person	al property. Add	d lines 56 through 61	\$2,164.75	Copy personal property total → +	\$2,164.75		
63.	Total of all pr	operty on Sch	edule A/B. Add line 55 + line 62			\$48,164.75		

Fill in this information	on to identify your	case:		
Debtor 1	David		Neewilly	_
	First Name	Middle Name	Last Name	
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name	
United States Bar	nkruptcy Court for	the:	District of New Jersey	
Case number (if known)				

Official Form 106C

Schedule C: The Property You Claim as Exempt

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Ider	ntify the Property You Claim	as Exempt						
You are	Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you. ☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3) ☑ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)							
. For any pro	operty you list on Schedule A/B tha	t you claim as exempt, fi	ill in th	e information below.				
	iption of the property and line on /B that lists this property	Current value of the portion you own	Aı	mount of the exemption you claim	Specific laws that allow exemption			
		Copy the value from Schedule A/B	• • • • • • • • • • • • • • • • • • • •					
Brief	44 Tunis Ave Pleasantville, NJ	\$46,000.00	4	\$0.00	11 U.S.C. § 522(d)(1)			
description: Line from	08232-3037			100% of fair market value, up to any applicable statutory limit				
Schedule A/E	B: <u>1.1</u>							
Brief description:	2002 Mazda Tribute	\$459.00	a	\$459.00	11 U.S.C. § 522(d)(2)			
Line from Schedule A/E	B: <u>3.1</u>			100% of fair market value, up to any applicable statutory limit				
Brief description:	Misc. Furniture	\$500.00	4	\$500.00	11 U.S.C. § 522(d)(3)			
Line from Schedule A/E	B: <u>6</u>			100% of fair market value, up to any applicable statutory limit				
(Subject to a		ears after that for cases file		• ,				

_		
\neg	htor	1
⊢	ונאנו	

Part	2:	Additional	Page

•	on of the property and line on that lists this property	Current value of the Amount of the exemption you claim portion you own		nount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Cł	neck only one box for each exemption.	
Brief description: Line from Schedule A/B:	Computer, phone & TV	\$1,000.00	1	\$600.00 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Brief description: Line from Schedule A/B:	Clothes 11	\$200.00	1	\$200.00 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Brief description: Line from Schedule A/B:	Bank of America Checking account	\$0.00	1	\$0.00 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Brief description: Line from Schedule A/B:	Bank of America Savings account	<u>\$5.75</u>	\(\sqrt{1} \)	\$5.75 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)

Fill in this info	ormation to identify your c	ase:					
Debtor 1	David		Neewilly				
	First Name	Middle Name	Last Name	_			
Debtor 2 (Spouse, if t	First Name filing)	Middle Name	Last Name				
United State	es Bankruptcy Court for th	e:	District of New Jersey				
Case numb (if known)					Į	Check if this is an amended filing	
Official	Form 106D						
Sched	ule D: Credi	tors Who	Have Claims S	Secured by	y Property		12/15
☐ No. Che ✓ Yes. Fil	ditors have claims secure eck this box and submit th Il in all of the information b ist All Secured Clair	is form to the court wi elow.	th your other schedules. You ha	ve nothing else to repo	rt on this form.		
claim. If		is a particular claim, li	secured claim, list the creditor s ist the other creditors in Part 2. ditor's name.		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
2.1 MidFirst	t Bank	Desc	ribe the property that secures	the claim:	\$109,614.71	\$46,000.00	\$17,614.71
Creditor's PO Box		44 T	unis Ave Pleasantville, NJ 0823	2-3037			
Number	Street	As of	the date you file, the claim is:	Check all that apply.			
	ma City, OK 73126-0648	☐ Co	ontigent				
City	State	ZIP Code Ur	nlquidated				
	ves the debt? Check one.	☐ Di	sputed				
☐ Debto	•		re of lien. Check all that apply.				
☐ Debto	or 2 only or 1 and Debtor 2 only		n agreement you made (such as cured car loan)	mortgage or			

☐ Statutory lien (such as tax lien, mechanic's lien)

Last 4 digits of account number 5 3 2 4

☐ Judgment lien from a lawsuit

Add the dollar value of your entries in Column A on this page. Write that number here:

Other (including a right to offset)

At least one of the debtors and another

☐ Check if this claim relates to a

community debt

Date debt was incurred

Feb 01, 2016

\$109,614.71

Debtor 1	David		Neewilly		Case number (if kn	own)	
	First Name	Middle Name	Last Name				
5	Additional Page				Column A Amount of claim	Column B Value of	Column C Unsecured
Part 1:		After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.			Do not deduct the value of collateral.	collateral that supports this claim	portion If any
	of the Public Defender	Describe	the property that secures the	claim:	\$1,666.00	\$46,000.00	\$1,666.0
	r's Name es Justice Complex	44 Tunis	Ave Pleasantville, NJ 08232-3	3037			
Po Box Number		As of the	date you file, the claim is: Ch	eck all that apply.			
	n, NJ 08625-0850	☐ Contig	gent				
City	,	IP Code Unlqui	idated				
	wes the debt? Check one.	☑ Disput	ted				
_	otor 1 only	Nature of	f lien. Check all that apply.				
_	otor 2 only otor 1 and Debtor 2 only		reement you made (such as mo ed car loan)	ortgage or			
√ At le	east one of the debtors and anot	ther Statuto	ory lien (such as tax lien, mech	anic's lien)			
	eck if this claim relates to a	☑ Judgm	nent lien from a lawsuit				
con	nmunity debt	Other	(including a right to offset) _				
Date de	ebt was incurred						
		Last 4 dig	gits of account number				

\$1,666.00

\$111,280.71

Add the dollar value of your entries in Column A on this page. Write that number here:

If this is the last page of your form, add the dollar value totals from all pages. Write that number

Debtor 1	David		Neewilly	Case number (if known)
	First Name	Middle Name	Last Name	
Part 2: List Of	thers to Be Notif	ied for a Debt Tha	t You Already Liste	ed
to collect from you	u for a debt you owe the the debts that you lie	o someone else, list th	e creditor in Part 1, and	that you already listed in Part 1. For example, if a collection agency is trying then list the collection agency here. Similarly, if you have more than one a lift you do not have additional persons to be notified for any debts in Part 1,
Colleen M. I	Hirst, Esq.			On which line in Part 1 did you enter the creditor? 1
Name	, ,			Last 4 digits of account number 4 6 F C
216 Haddon	Ave # 406			_ <u> </u>
Number	Street			
KML Law Gr	oup, PC			
Collingswoo	d, NJ 08108-1120			
City		State	ZIP Code	•

Fill in t	this informati	on to identify your cas	e:					
Debte	or 1	David		Neewilly				
Debii	OI I	First Name	Middle Name	Last Name				
Debto (Spor	or 2 use, if filing)	First Name	Middle Name	Last Name				
		nkruptcy Court for the:		District of New Jersev				
		ikrapicy Court for the.		District of New Jersey				
Case (if kno	e number own)						Check if this is a mended filing	ın
Offic	cial Fo	rm 106E/F						
Sch	nedule	F/F: Cred	litors Wh	o Have Unsecured CI	laims			12/15
				reditors with PRIORITY claims and Part 2 for		ONDDIODITY I		
any exe Schedu D: Cred the Cor	ecutory cont ule G: Execu ditors Who I ntinuation P	racts or unexpired lea utory Contracts and U Hold Claims Secured	ases that could res Inexpired Leases (I by Property. If mo the top of any add	sult in a claim. Also list executory contracts or Official Form 106G). Do not include any cred ore space is needed, copy the Part you need, itional pages, write your name and case nun	n Schedule A/B: itors with partiall , fill it out, numbe	Property (Offic y secured clain	ial Form 106A/ ns that are liste	B) and on d in <i>Schedule</i>
	o any credit No. Go to Yes.	ors have priority unse Part 2.	ecured claims agai	inst you?				
po Pa	ossible, list that art 1. If more	ne claims in alphabetic than one creditor hole	cal order according t lds a particular clain	y and nonpriority amounts, list that claim here and the creditor's name. If you have more than two, list the other creditors in Part 3. Inctions for this form in the instruction booklet.)		red claims, fill ou	ut the Continuati	on Page of
						Total claim	Priority amount	Nonpriority amount
2.1	Coombs,	Jorge F.		Last 4 digits of account number		\$2,000.00	\$2,000.00	\$0.00
	Priority Cred			When was the debt incurred?				
	1201 New Number	Rd Ste 230 Street		As of the date you file, the claim is: Che	eck all that			
		NJ 08221-1154		apply. —				
	City		ate ZIP Code	Unliquidated				
	Who incur Debtor	red the debt? Check	one.	☐ Disputed				
	Debtor	•		Type of PRIORITY unsecured claim:				
	_	1 and Debtor 2 only		Domestic support obligations	a.			
		one of the debtors and		Taxes and certain other debts you ow government	e tne			
		if this claim is for a co	ommunity debt	Claims for death or personal injury w	hile you were			
	Is the claim No	subject to offset?		intoxicated ✓ Other. Specify				
	Yes			Attorney Fees				
2.2	Pleasantvi	lle City Sewage		Last 4 digits of account number		\$1,344.08	\$1,040.88	\$303.20
	Priority Cred	litor's Name		When was the debt incurred?				
	City of Ple	asantville		As of the date you file, the claim is: Che	eck all that			
	18 N 1st S Number	Street		apply.				
		ille, NJ 08232-2604						
	City	_ ·	ate ZIP Code	Disputed				
	_	red the debt? Check	one.	Type of PRIORITY unsecured claim:				
	☐ Debtor	•		Domestic support obligations				
	☐ Debtor	2 only 1 and Debtor 2 only		✓ Taxes and certain other debts you ow	e the			
	_	one of the debtors and	d another	government Claims for death or personal injury w	hile vou were			
	_	if this claim is for a co		intoxicated	ime you were			

✓ No ☐ Yes

Is the claim subject to offset?

Other. Specify

	First Name Middle Name Last N	Name	
Par	t 2: List All of Your NONPRIORITY Unsecured Claim	ns	
	Do any creditors have nonpriority unsecured claims against you? ☐ No. You have nothing to report in this part. Submit this form to the ☑ Yes.	e court with your other schedules.	
	unsecured claim, list the creditor separately for each claim. For each	rder of the creditor who holds each claim. If a creditor has more than c claim listed, identify what type of claim it is. Do not list claims already inc art 3. If you have more than three nonpriority unsecured claims fill out the	cluded in Part 1. If more
			Total claim
4.1	AA Bail Bonds	Last 4 digits of account number	\$3,000.00
	Nonpriority Creditor's Name	When was the debt incurred?	
	6 E. Black Horse Pike Number Street	As of the date you file, the claim is: Check all that apply.	
	Pleasantville, NJ 08232	☐ Contingent	
	City State ZIP Code	☐ Unliquidated	
	Who incurred the debt? Check one.	☐ Disputed	
	☑ Debtor 1 only	Type of NONPRIORITY unsecured claim:	
	Debtor 2 only	☐ Student loans	
	☐ Debtor 1 and Debtor 2 only	 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
	At least one of the debtors and another	Debts to pension or profit-sharing plans, and other	
	☐ Check if this claim is for a community debt	similar debts ☑ Other. Specify	
	Is the claim subject to offset? ✓ No	☑ Other. Specify Bail	
	☐ Yes	_ 	
4.2		Lord A Marks of consensus work on OFA	\$401.00
4.2	Atlantic City Electric Nonpriority Creditor's Name	Last 4 digits of account number 854	
	PO Box 13610	When was the debt incurred?	
	Number Street	As of the date you file, the claim is: Check all that apply. Contingent	
	Philadelphia, PA 19101	☐ Unliquidated	
	City State ZIP Code	☐ Disputed	
	Who incurred the debt? Check one. Debtor 1 only	Type of NONPRIORITY unsecured claim:	
	Debtor 2 only	Student loans	
	Debtor 1 and Debtor 2 only	Obligations arising out of a separation agreement or	
	☐ At least one of the debtors and another	divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other	
	☐ Check if this claim is for a community debt	similar debts	
	Is the claim subject to offset?	Other. Specify	
	☑ No	Utility	
	Yes		
4.3	Atlantic City Electric	Last 4 digits of account number 124	\$649.96
	Nonpriority Creditor's Name	When was the debt incurred?	
	PO Box 13610 Number Street	As of the date you file, the claim is: Check all that apply.	
	Philadelphia, PA 19101	☐ Contingent	
	City State ZIP Code	☐ Unliquidated ☐ Disputed	
	Who incurred the debt? Check one.	·	
	Debtor 1 only	Type of NONPRIORITY unsecured claim: Student loans	
	Debtor 2 only	Obligations arising out of a separation agreement or	
	☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another	divorce that you did not report as priority claims	
	Check if this claim is for a community debt	 Debts to pension or profit-sharing plans, and other similar debts 	
	Is the claim subject to offset?	other. Specify	
	✓ No	Utility	
	☐ Yes		

Case number (if known)

Debtor 1

After listing any entries on this page, number them beginnin	ng with 4.5, followed by 4.6, and so forth.	Total claim
Atlantic County Div. of Economic Assist.	Last 4 digits of account number	\$1.00
Nonpriority Creditor's Name	When was the debt incurred?	
1333 Atlantic Ave. Number Street	As of the date you file, the claim is: Check all that apply.	
Atlantic City, NJ 08401	Contingent	
City State ZIP Code	Unliquidated	
Who incurred the debt? Check one.	☑ Disputed	
☑ Debtor 1 only	Type of NONPRIORITY unsecured claim:	
Debtor 2 only	Student loans	
Debtor 1 and Debtor 2 only	 Obligations arising out of a separation agreement or 	
At least one of the debtors and another	divorce that you did not report as priority claims	
☐ Check if this claim is for a community debt	 Debts to pension or profit-sharing plans, and other similar debts 	
Is the claim subject to offset? ☑ No	Other. Specify Notice Only	
☐ Yes		
.5 AtlantiCare Physician Group	Last 4 digits of account number	\$1.00
Nonpriority Creditor's Name	When was the debt incurred?	
PO Box 786061 Number Street	As of the date you file, the claim is: Check all that apply.	
Philadelphia, PA 19178-6061	Contingent	
City State ZIP Code	Unliquidated	
Who incurred the debt? Check one.	Disputed	
☑ Debtor 1 only	Type of NONPRIORITY unsecured claim:	
Debtor 2 only	Student loans	
Debtor 1 and Debtor 2 only	 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
At least one of the debtors and anotherCheck if this claim is for a community debt	Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject to offset? ☑ No	Other. Specify Notice Only	
☐ Yes		
.6 Comcast Cable	Last 4 digits of account number	\$427.23
Nonpriority Creditor's Name Po Box 3002	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
Southeastern, PA 19398-3002	☐ Contingent	
City State ZIP Code	Unliquidated	
Who incurred the debt? Check one.	Disputed	
☑ Debtor 1 only	Type of NONPRIORITY unsecured claim:	
☐ Debtor 2 only	☐ Student loans	
☐ Debtor 1 and Debtor 2 only	lue Obligations arising out of a separation agreement or	
\square At least one of the debtors and another	divorce that you did not report as priority claims	
☐ Check if this claim is for a community debt	 Debts to pension or profit-sharing plans, and other similar debts 	
Is the claim subject to offset?	☑ Other. Specify	
☑ No	Utility	
☐ Yes		

Millennium Finance	Last 4 digits of account number	unkno
Nonpriority Creditor's Name	When was the debt incurred?	
Po Box 364	As of the date you file, the claim is: Check all that apply.	
Number Street	Contingent	
Metuchen, NJ 08840-0364 City State ZIP Code	Unliquidated	
Who incurred the debt? Check one.	☑ Onliquidated ☑ Disputed	
Debtor 1 only		
Debtor 2 only	Type of NONPRIORITY unsecured claim: Student loans	
Debtor 1 and Debtor 2 only		
At least one of the debtors and another	 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
Check if this claim is for a community debt	Debts to pension or profit-sharing plans, and other	
·	similar debts	
Is the claim subject to offset?	Other. Specify	
☑ No	Collection account	
Yes		
New Century Financial Services	Last 4 digits of account number	\$
Nonpriority Creditor's Name	When was the debt incurred?	
110 S Jefferson Rd Number Street	As of the date you file, the claim is: Check all that apply.	
Whippany, NJ 07981-1038	☐ Contingent	
City State ZIP Code	Unliquidated	
Who incurred the debt? Check one.	Disputed	
Debtor 1 only	Type of NONPRIORITY unsecured claim:	
Debtor 2 only	☐ Student loans	
Debtor 1 and Debtor 2 only	 Obligations arising out of a separation agreement or 	
At least one of the debtors and another	divorce that you did not report as priority claims	
☐ Check if this claim is for a community debt	 Debts to pension or profit-sharing plans, and other similar debts 	
Is the claim subject to offset?	✓ Other. Specify	
✓ No	Collection account	
☐ Yes		
New Jersey American Water		\$17
Nonpriority Creditor's Name	Last 4 digits of account number	
Po Box 371771	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
Pittsburgh, PA 15250-7331	Contingent	
City State ZIP Code	☐ Unliquidated	
Who incurred the debt? Check one.	☐ Disputed	
Debtor 1 only	Type of NONPRIORITY unsecured claim:	
Debtor 2 only	☐ Student loans	
Debtor 1 and Debtor 2 only	 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
At least one of the debtors and another		
☐ Check if this claim is for a community debt	 Debts to pension or profit-sharing plans, and other similar debts 	
Is the claim subject to offset?	✓ Other. Specify	
☑ No	Utility	
☐ Yes		

_				
De	١h	tn	r	1

Afte	listing any entries on this page, number them beginning with	4.5, followed by 4.6, and so forth.	Total claim
4.10	Shore Memorial Hospital	Last 4 digits of account number	\$1,536.35
	Nonpriority Creditor's Name	•	
	PO Box 217	When was the debt incurred?	
	Number Street	As of the date you file, the claim is: Check all that apply.	
	Somers Point, NJ 08244-0217 City State ZIP Code	_ Contingent	
	,	Unliquidated	
	Who incurred the debt? Check one.	☐ Disputed	
	Debtor 1 only	Type of NONPRIORITY unsecured claim:	
	Debtor 2 only	☐ Student loans	
	Debtor 1 and Debtor 2 only	Obligations arising out of a separation agreement or	
	At least one of the debtors and another	divorce that you did not report as priority claims	
	☐ Check if this claim is for a community debt	 Debts to pension or profit-sharing plans, and other similar debts 	
	Is the claim subject to offset?	Other. Specify	
	☑ No	Medical Services	
	☐ Yes		
4.11	South Jersey Gas	Last 4 digits of account number	\$308.69
	Nonpriority Creditor's Name	When was the debt incurred?	
	Po Box 6091 Number Street	As of the date you file, the claim is: Check all that apply.	
		Contingent	
	Bellmawr, NJ 08099-6091 City State ZIP Code	Unliquidated	
	Who incurred the debt? Check one.		
	Debtor 1 only	Disputed	
	,	Type of NONPRIORITY unsecured claim:	
	Debtor 2 only	☐ Student loans	
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
	☐ Check if this claim is for a community debt	Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset? ☑ No	✓ Other. Specify	
	— ····	Utility	
	Yes		
4.12	TTLBL LLC	Last 4 digits of account number	<u>\$1.00</u>
	Nonpriority Creditor's Name	When was the debt incurred?	
	4747 Executive Drive 510 Number Street	As of the date you file, the claim is: Check all that apply.	
	San Diego, CA 92121	☐ Contingent	
	City State ZIP Code	Unliquidated	
	Who incurred the debt? Check one.	☐ Disputed	
	☑ Debtor 1 only	Type of NONPRIORITY unsecured claim:	
	Debtor 2 only	Student loans	
	Debtor 1 and Debtor 2 only		
		 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
	At least one of the debtors and another	Debts to pension or profit-sharing plans, and other	
	☐ Check if this claim is for a community debt	similar debts	
	Is the claim subject to offset?	☑ Other. Specify	
	☑ No	Notice Only	
	☐ Yes		

David		Neewilly	Case number (if known)
First Name	Middle Name	Last Name	,

US Bank Corp.		\$1
Nonpriority Creditor's Name	Last 4 digits of account number	
50 South 16th St. 1950	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
Philadelphia, PA 19102	Contingent	
City State ZIP Code	☐ Unliquidated	
Who incurred the debt? Check one.	☐ Disputed	
☑ Debtor 1 only	Type of NONPRIORITY unsecured claim:	
☐ Debtor 2 only	☐ Student loans	
Debtor 1 and Debtor 2 only	Obligations arising out of a separation agreement or	
☐ At least one of the debtors and another	divorce that you did not report as priority claims	
☐ Check if this claim is for a community debt	 Debts to pension or profit-sharing plans, and other similar debts 	
Is the claim subject to offset?	☑ Other. Specify	
☑ No	Notice only	
☐ Yes		
US Department of Education	Last 4 digits of account number	\$14,449
Nonpriority Creditor's Name	When was the debt incurred?	
2401 International	As of the date you file, the claim is: Check all that apply.	
PO Box 7859 Number Street	Contingent	
Madison, WI 53704	☐ Unliquidated	
City State ZIP Code	Disputed	
Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	✓ Student loans	
Debtor 2 only	 Obligations arising out of a separation agreement or 	
Debtor 1 and Debtor 2 only	divorce that you did not report as priority claims	
At least one of the debtors and another At least one of the debtors and another	Debts to pension or profit-sharing plans, and other	
	similar debts	
☐ Check if this claim is for a community debt	Other. Specify	
Is the claim subject to offset?		
☑ No		
Yes		

Debtor 1

David		Neewilly	Case number (if known)	
First Name	Middle Name	Last Name	,	

Part 3: List Others to Be Notified About a Debt That You Already Listed

Stillman Law Office			On which entry in Part 1 or Part 2 did you list the original creditor?
Name		_	
50 Tower Office Park			Line 4.5 of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number Street			☑ Part 2: Creditors with Nonpriority Unsecured Claims
Woburn, MA 01801-2113 Dity	State	ZIP Code	Last 4 digits of account number
	Olale	Joue	
Pressler and Pressler LLP			On which entry in Part 1 or Part 2 did you list the original creditor?
Name			Line 4.8 of (Check one): Part 1: Creditors with Priority Unsecured Claims
7 Entin Rd Number Street			Part 2: Creditors with Nonpriority Unsecured Claims
Parsippany, NJ 07054-5020			Part 2: Creditors with Nonpriority Unsecured Claims
City	State	ZIP Code	Last 4 digits of account number
Descivables Outs sureins: 110			On which auturin Pout 4 or Pout 2 did you list the entitied and discord
Receivables Outsourcing, LLC	,		On which entry in Part 1 or Part 2 did you list the original creditor?
Po Box 62850			Line 4.10 of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number Street	<u></u>	<u> </u>	Part 2: Creditors with Nonpriority Unsecured Claims
Baltimore, MD 21264-2850		710.0	Lost A divite of account number
City	State	ZIP Code	Last 4 digits of account number
			One which entry in Part 1 or Part 2 did you list the original creditor?
Name			Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
dumah ar Ctrt			□ Part 2: Creditors with Nonpriority Unsecured Claims
Number Street			→ Part 2: Creditors with inonpriority Unsecured Claims
			Last 4 digits of account number
City	State	ZIP Code	
•			
Namo		-	One which entry in Part 1 or Part 2 did you list the original creditor?
Name			Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number Street			Part 2: Creditors with Nonpriority Unsecured Claims
			Last 4 digits of account number
City	State	ZIP Code	
			One which entry in Part 1 or Part 2 did you list the original creditor?
Name			, , , , , , , , , , , , , , , , , , , ,
			Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number Street			☐ Part 2: Creditors with Nonpriority Unsecured Claims
		-	Last 4 digits of account number
Sitv	Stata	ZIP Code	- -
City	State	ZIF COUR	
			One which entry in Part 1 or Part 2 did you list the original creditor?
Name			Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number Street			Part 2: Creditors with Nonpriority Unsecured Claims
Tamboi Olibet			T art 2. Stocklots with Horiphority of Sociation Oldinis
			Last 4 digits of account number

\neg	btor	1
ᇇᇆ	וטוטו	

 David
 Neewilly

 First Name
 Middle Name
 Last Name

Case number (if known)

Part 4:

Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

			Tota	al claim
Total claims	6a. Domestic support obligations	6a.		\$0.00
from Part 1	6b. Taxes and certain other debts you owe the government	6b.		\$1,344.08
	6c. Claims for death or personal injury while you were intoxicated	6c.		\$0.00
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d.	+	\$2,000.00
	6e. Total. Add lines 6a through 6d.	6e.		\$3,344.08
		L		
		L	Tota	al claim
Total claims	6f. Student loans	<u>Г</u> 6f.	Tota	al claim \$14,449.00
	6f. Student loans 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6f. 6g.	Tota	
	6g. Obligations arising out of a separation agreement or divorce that you did not report as		Tota	\$14,449.00
Total claims from Part 2	 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims 6h. Debts to pension or profit-sharing plans, and 	6g.	Tota	\$14,449.00 \$0.00

			Neewilly
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bar	nkruptcy Court for th	ne:	District of New Jersey

Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - ☑No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or o	company with whor	m you hav	e the contract or lease	State what the contract or lease is for
2.1					
	Name				_
	Number	Street			_
	City		State	ZIP Code	_
2.2					
	Name				_
	Number	Street			_
	City		State	ZIP Code	_
2.3					
	Name				_
	Number	Street			_
	City		State	ZIP Code	_
2.4					
	Name				_
	Number	Street			_
	City		State	ZIP Code	_
2.5					
	Name				_
	Number	Street			_
	City		State	ZIP Code	_

Debtor 1	David	Neewilly		
	First Name Mic	ddle Name Last Name		
Debtor 2 (Spouse, if filing)	First Name Mic	ddle Name Last Name		
United States Ba	nkruptcy Court for the:	District of New	/ Jersey	
Case number				☐ Check if this is an
(if known)				amended filing
Official Fo		d a la tama		
Scheaule	e H: Your Cod	zeptors		12/15
both are equally re the left. Attach the	esponsible for supplying c Additional Page to this pa	orrect information. If more space	e is needed, copy the Additional Page, fi Pages, write your name and case numb	sible. If two married people are filing together, Il it out, and number the entries in the boxes or er (if known). Answer every question.
☐ No ☑ Yes	,			
2 Within the las		n a community property state or Rico, Texas, Washington, and Wisc	• • • • • • • • • • • • • • • • • • • •	d territories include Arizona, California, Idaho,
Louisiana, Nev	,	•		
	,	-		
Louisiana, Nev ☑No. Go to li ☐Yes. Did yo	ine 3.	or legal equivalent live with you at	the time?	
Louisiana, Nev ☑ No. Go to li ☐ Yes. Did yo ☐ No	ine 3. our spouse, former spouse, o			
Louisiana, Nev ☑ No. Go to li ☐ Yes. Did yo ☐ No	ine 3. our spouse, former spouse, o		the time? Fill in the name and	current address of that person.
Louisiana, Nev ☑ No. Go to li ☐ Yes. Did yo ☐ No	ine 3. our spouse, former spouse, o			l current address of that person.
Louisiana, Nev No. Go to li Yes. Did yo No Yes. In v	ine 3. our spouse, former spouse, on the which community state or te			current address of that person.

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

ZIP Code

State

Column 1: Your codebtor		Column 2: The creditor to whom you owe the debt				
		Check all schedules that apply:				
3.1 Neewilly, Annie		☑ Schedule D, line <u>2.1, 2.2</u>				
Name		Schedule E/F, line				
44 Tunis Ave Number Street		Schedule G, line				
Pleasantville, NJ 08232-30	037					
City	State ZIP Code					
3.2 Neewilly, Davidson		Schedule D, line				
Name		Schedule E/F, line 4.14				
6355 Barton Road						
Number Street		Schedule G, line				
North Olmsted, OH 44070						
City	State ZIP Code					

Official Form 106H Schedule H: Your Codebtors page 1 of 1

Fill	in this informati	on to identify your cas	se:						
D	ebtor 1	David	Neewilly			_			
		First Name	Middle Name Last Nam	ne					
	ebtor 2 pouse, if filing)	First Name	Middle Name Last Nam	ne		-	0		
,		nkruptcy Court for the:	Distric	t of New Jersey			Check if this is: ☐ An amended filing		
		ikrupicy Court for the.	Distric	t of New Jersey			A supplement showing postpetition		
_	ase number known)						chapter 13 income as of the following date:		
							MM / DD / YYYY		
\bigcirc t	ficial For	10Cl							
	ficial For								
Sc	chedule	: I: Your In	icome				12/15		
spoi addi	use is not filing tional pages, w	with you, do not inc		spouse. If more space			your spouse. If you are separated and your parate sheet to this form. On the top of any		
1	Fill in your em	nlovment							
١.	information.	picyment		Debtor 1			Debtor 2 or non-filing spouse		
	If you have mo	ro than one job	Employment status	☑ Employed			☑ Employed		
	attach a separa	ate page with	Employment status	☐ Not Employed			☐ Not Employed		
	employers.	out additional	Occupation	Health Care Worker			Maintenance		
	Include part tim	ne, seasonal, or	Оссирацоп	Galloway Nursing & F	Pohoh I I C		Borgata Hotel Casino & Spa		
	self-employed	work.	Employer's name	Galloway Nursing & F	TELIAD LLC	,	Borgata Flotel Casillo & Spa		
	Occupation ma or homemaker	ay include student	Employer's address	66 W Jimmie Leeds F Number Street	łd		1 Borgata Way Number Street		
	or nomernanor	, и карриос.							
				Galloway, NJ 08205-9			Atlantic City, NJ 08401		
				City	State	Zip Code	City State Zip Code		
			How long employed there?		-				
Pa	rt 2: Give D	Details About Mo	onthly Income						
	Estimate mon are separated.	thly income as of the	e date you file this form. If you	have nothing to report t	or any line	, write \$0 in the	e space. Include your non-filing spouse unless you		
		on-filing spouse have ate sheet to this form.	more than one employer, comb	oine the information for a	ll employei	rs for that perso	on on the lines below. If you need more space,		
					For	Debtor 1	For Debtor 2 or non-filing spouse		
2.			and commissions (before all parallel what the monthly wage wo			\$2,320.93	\$1,979.47		

\$0.00

\$2,320.93

\$0.00

\$1,979.47

3. Estimate and list monthly overtime pay.

4. Calculate gross income. Add line 2 + line 3.

Debtor 1

 David
 Neewilly

 First Name
 Middle Name
 Last Name

Case number (if known)

				For Debtor 1		or Debtor 2 c			
	Copy line 4 here→	4.	_	\$2,320.93		\$1,97	9.47		
5.	List all payroll deductions:								
	5a. Tax, Medicare, and Social Security deductions	5a.	_	\$667.29		\$42	25.47		
	5b. Mandatory contributions for retirement plans	5b.	_	\$0.00		\$	0.00		
	5c. Voluntary contributions for retirement plans	5c.	_	\$0.00		9	0.00		
	5d. Required repayments of retirement fund loans	5d.	_	\$0.00		9	00.00		
	5e. Insurance	5e.	_	\$158.06		\$	0.00		
	5f. Domestic support obligations	5f.	_	\$0.00		9	00.00		
	5g. Union dues	5g.	_	\$0.00		\$9	<u>3.17</u>		
	5h. Other deductions. Specify:	5h.	+_	\$0.00	+		0.00		
6.	Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h.	6.		\$825.35		\$51	8.64		
7.	Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	_	\$1,495.58		\$1,46			
8.	List all other income regularly received:	٠.	_	ψ1,+00.00		Ψ1,πο	0.00		
0.									
	8a. Net income from rental property and from operating a business, profession, or farm								
	Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	0-		#0.00		4	20.00		
	8b. Interest and dividends	8a.	_	\$0.00			0.00		
	8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive	8b.		\$0.00		3	<u> 00.00</u>		
	Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.		\$0.00		9	80.00		
	8d. Unemployment compensation	8d.	_	\$0.00		\$	0.00		
	8e. Social Security	8e.	_	\$0.00		\$	0.00		
	8f. Other government assistance that you regularly receive								
	Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.								
	Specify:	8f.	_	\$0.00		9	00.00		
	8g. Pension or retirement income	8g.	_	\$0.00			0.00		
	8h. Other monthly income. Specify:	8h.	+_	\$0.00	+		0.00		
9.	Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.	9.		\$0.00			\$0.00		
10.	Calculate monthly income. Add line 7 + line 9.							ſ	
	Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse	10.	-	\$1,495.58	+	\$1,40	60.83	=	\$2,956.41
11.	State all other regular contributions to the expenses that you list in Schedule .	J.						_	
	Include contributions from an unmarried partner, members of your household, your differends or relatives.	epende	nts, y	our roommates, ar	nd othe	r			
	Do not include any amounts already included in lines 2-10 or amounts that are not at	vailable	to pa	y expenses listed i	n <i>Sche</i>	edule J.			
	Specify:				_		11	+_	\$0.00
12.	Add the amount in the last column of line 10 to the amount in line 11. The resu amount on the Summary of Your Assets and Liabilities and Certain Statistical Inform				ne. Wı	ite that	12.		\$2,956.41
	and Liabilities outlinary of rout Assets and Liabilities and Certain Statistical Inform	auori, II	n app	JIIOO			14.		
									Combined nonthly income
13.	Do you expect an increase or decrease within the year after you file this form? ✓ No.								, ,
	Yes. Explain:								

Fill	in this informati	on to identify your case:				
	ebtor 1	David	Neewilly liddle Name Last Name	Chec	k if this is:	
	ebtor 2	First Name M	liddle Name Last Name	Ar	n amended filing	
	Spouse, if filing)				supplement showing po apter 13 income as of t	
		nkruptcy Court for the:	District of Nev	w Jersey	apter 13 income as ort	rie ioliowing date.
_	ase number known)			MI	M / DD / YYYY	
Of	ficial Fo	rm 106J				
Sc	chedule	J: Your Exp	penses			12/15
Be a	as complete an	d accurate as possible. I	f two married people are filing to	gether, both are equally responsible f s, write your name and case number		
Ра	rt 1: Descr	ibe Your Household				
1.		ine 2. Debtor 2 live in a sepa ra No	ite household? ficial Form 106J-2, <i>Expenses for</i> S	Separate Household of Debtor 2.		
2.	Do you have	dependents?	□No			
	Do not list Deb Debtor 2.	otor 1 and	☑Yes. Fill out this information for	Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?
		e dependents' names.	each dependent	Child	22	No. ✓ Yes.
					_	□No □Yes
						☐No ☐Yes
						□No
						☐Yes ☐No
						Yes
3.		nses include expenses er than yourself and ents?	☑ No □ Yes			
	Taking	ata Vara Oa vala a M	lands to Francisco			
		ate Your Ongoing M		ation data forms are a sumular south as 0	h 1 10 1	
		-		sing this form as a supplement in a C at the top of the form and fill in the a	•	ort expenses as of a date after
			government assistance if you kn Schedule I: Your Income (Official		Your	expenses
4.	The rental or in ground or lot.	nome ownership expens	es for your residence. Include firs	t mortgage payments and any rent for the	4	\$1,062.24
	If not include	d in line 4:				
	4a. Real estate	e taxes			4a	\$0.00
	4b. Property, h	omeowner's, or renter's ir	nsurance		4b	\$0.00
		ntenance, repair, and upke			4c.	\$0.00

4d. Homeowner's association or condominium dues

4d.

\$0.00

Debtor 1

 David
 Neewilly

 First Name
 Middle Name
 Last Name

Case number (if known)

			Your expenses
5.	Additional mortgage payments for your residence, such as home equity loans	5.	
6.	Utilities:		
	6a. Electricity, heat, natural gas	6a.	\$160.00
	6b. Water, sewer, garbage collection	6b.	\$100.00
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	\$207.00
	6d. Other. Specify:	6d.	\$0.00
7.	Food and housekeeping supplies	7.	\$450.00
8.	Childcare and children's education costs	8.	\$0.00
9.	Clothing, laundry, and dry cleaning	9.	\$70.00
10.	Personal care products and services	10.	\$50.00
11.	Medical and dental expenses	11.	\$0.00
12.	Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12.	\$120.00
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$50.00
14.	Charitable contributions and religious donations	14.	\$0.00
15.	Insurance.		
	Do not include insurance deducted from your pay or included in lines 4 or 20.		
	15a. Life insurance	15a.	\$0.00
	15b. Health insurance	15b.	\$0.00
	15c. Vehicle insurance	15c.	\$362.00
	15d. Other insurance. Specify:	15d.	\$0.00
16.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:	16.	\$0.00
17.	Installment or lease payments:		
	17a. Car payments for Vehicle 1	17a.	
	17b. Car payments for Vehicle 2	17b.	
	17c. Other. Specify:	17c.	
	17d. Other. Specify:	17d.	
18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I).	18.	\$0.00
19.	Other payments you make to support others who do not live with you. Specify:	19.	\$0.00
20.	Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.		
	20a. Mortgages on other property	20a.	\$0.00
	20b. Real estate taxes	20b.	\$0.00
	20c. Property, homeowner's, or renter's insurance	20c.	\$0.00
	20d. Maintenance, repair, and upkeep expenses	20d.	\$0.00
	20e. Homeowner's association or condominium dues	20e.	\$0.00

Debtor 1		David		Neewilly	Case number (if known	Case number (if known)	
		First Name	Middle Name	Last Name	_		
21.	Other. Spec	cify:			21. +	\$0.00	
2.	Calculate y	our monthly expen	ises.				
	22a. Add lines 4 through 21.				22a	\$2,631.24	
	22b. Copy line 22 (monthly expenses for Debtor 2), if any, from			from Official Form 106J-2	22b	\$0.00	
	22c. Add line 22a and 22b. The result is your monthly expense			enses.	22c	\$2,631.24	
23.	Calculate your monthly net income.						
	23a. Copy line 12 (your combined monthly income) from Sche			Schedule I.	23a	\$2,956.41	
	23b. Copy your monthly expenses from line 22c above.				23b. _	\$2,631.24	
	23c. Subtract your monthly expenses from your monthly income.					(205.47	
	The result is your monthly net income.				23c	\$325.17	
24.	Do you expect an increase or decrease in your expenses within the year after you file this form?						
	For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?						
	√ No. ☐Yes.	None					

Fill in this informati	on to identify your	case:		
Debtor 1	David		Neewilly	
	First Name	Middle Name	Last Name	_
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name	
United States Bar	nkruptcy Court for t	the:	District of New Jersey	
Case number (if known)				

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

and check the box at the top of this page.	
Part 1: Summarize Your Assets	
	Your assets
	Value of what you own
1. Schedule A/B: Property (Official Form 106A/B)	A.
1a. Copy line 55, Total real estate, from Schedule A/B	\$46,000.00
1b. Copy line 62, Total personal property, from Schedule A/B	\$2,164.75
1c. Copy line 63, Total of all property on Schedule A/B	\$48,164.75
Part 2: Summarize Your Liabilities	
	Your liabilities
	Amount you owe
2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)	
2a. Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i>	\$111,280.71
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$3,344.08
Sa. Copy the total daints from Fart 1 (priority dissecured daints) from the de of Schedule L/1	
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	+ \$20,953.75
Your total liabilities	\$135,578.54
Tour total natifices	<u> </u>
Part 3: Summarize Your Income and Expenses	
4. Schedule I: Your Income (Official Form 106I)	
Copy your combined monthly income from line 12 of Schedule I	\$2,956.41
5. Schedule J: Your Expenses (Official Form 106J)	
Copy your monthly expenses from line 22c of Schedule J	\$2,631.24

Del	btor 1	David		Neewilly		Case number (if known))
		First Name	Middle Name	Last Name			
Pa	rt 4: Answ	er These Ques	tions for Administr	ative and Statistical F	Records		
			er Chapters 7, 11, or 13' on this part of the form. (? Check this box and submit this	s form to the court	with your other schedules.	
5	Your debts family, or he Your debts	ousehold purpose."	11 U.S.C. § 101(8). Fill o consumer debts. You ha	debts are those "incurred by a ut lines 8-9g for statistical pure nothing to report on this pa	rposes. 28 U.S.C.	§ 159.	
			rent Monthly Income: C 12B Line 11; OR , Form 12	opy your total current monthly 22C-1 Line 14.	income from Offic	cial	\$5,607.75
9. C	Copy the follow	ving special catego	ories of claims from Par	t 4, line 6 of Schedule E/F:		Total claim	
	From Part 4	on Schedule E/F,	copy the following:				
	9a. Domestic	support obligations	(Copy line 6a.)			\$0.00	
	9b. Taxes and	I certain other debts	you owe the governmen	t. (Copy line 6b.)		\$1,344.08	
	9c. Claims for	death or personal i	njury while you were into	xicated. (Copy line 6c.)		\$0.00	
	9d. Student lo	eans. (Copy line 6f.)				\$14,449.00	
	9e.Obligation: claims. (C	s arising out of a se opy line 6g.)	paration agreement or d	ivorce that you did not report	as priority	\$0.00	
	9f. Debts to p	ension or profit-sha	ring plans, and other sin	nilar debts. (Copy line 6h.)		+ \$0.00	
	9g. Total . Ad	d lines 9a through 9	ıf.			\$15,793.08	

Fill in this informati	ion to identify your	case:		
Debtor 1	David		Neewilly	
	First Name	Middle Name	Last Name	
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name	_
United States Bar	nkruptcy Court for t	he:	District of New Jersey	
Case number (if known)				

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).
Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).
1

Fill in this informat	ion to identify your	case:		
Debtor 1	David		Neewilly	
	First Name	Middle Name	Last Name	
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name	
United States Ba	nkruptcy Court for t	the:	District of New Jersey	
Case number				☐ Check if th
(if known)				amended f

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Married	rital status?				
Not married					
uring the last 3 years, ha	ave you lived anywhere oth	er than where you live now	?		
☑ No ☑ Yes. List all of the place	es you lived in the last 3 years	s. Do not include where vou	live now.		
Debtor 1:		Dates Debtor 1 lived there	Debtor 2:		Dates Debtor 2 live there
			☐ Same as Debtor 1		☐ Same as Debtor 1
		From			_ From
Number Street		To	Number Street		To
City	State ZIP Code	_	City	State ZIP Code	_
			☐ Same as Debtor 1		☐ Same as Debtor 1
		From	N. 1. 2: .		_ From
Number Street		To	Number Street		To
City	State ZIP Code	_	City	State ZIP Code	_
ithin the last 8 years, d			community property state of exas, Washington, and Wisco		operty states and territor

Debtor 1	David	Neewilly		Case number (if kn	nown)
	First Name Middl	e Name Last Name			
Part 2: Exr	plain the Sources of Your	Income			
dit Z. LA	plant the Sources of Tour	medine			
	. , .				
	ve any income from employmer tal amount of income you receive				,
	ing a joint case and you have inco				
☐ No					
√ Yes. Fill	I in the details.				
		Debtor 1		Debtor 2	
		Sources of income	Gross Income	Sources of income	Gross Income
		Check all that apply.	(before deductions and	Check all that apply.	(before deductions and
			exclusions)		exclusions)
		☑ Wages, commissions,		☐ Wages, commissions,	
	uary 1 of current year until the filed for bankruptcy:	bonuses, tips	\$1,400.00	bonuses, tips	
date your	med for bankruptcy.	Operating a business		Operating a business	
		□6		D	
	alendar year:	Wages, commissions, bonuses, tips	\$34,360.00		
(January 1	to December 31, 2017 YYYY	Operating a business		Operating a business	
For the ca	alendar year before that:	✓ Wages, commissions,	\$38,870.00	☐ Wages, commissions,	
(January 1	to December 31, 2016 YYYY	bonuses, tips	φ30,070.00	bonuses, tips	
	YYYY	Operating a business		■ Operating a business	
Include inco		ome is taxable. Examples of o dividends; money collected fro	ther income are alimony; child		employment, and other public bene you are filing a joint case and you
	ource and the gross income from	•	t include income that you listed	d in line 4.	
√ No					
_	I in the details.				
		Debtor 1		Debtor 2	
		Sources of income	Gross income from each	Sources of income	Gross Income from each
		Describe below.	source (before deductions and	Describe below.	CSOURE
			exclusions)		(before deductions and exclusions)
	uary 1 of current year until the filed for bankruptcy:				
,	• •				
For last ca	alendar year:				
	to December 31, <u>2017</u>)				
(00.100.)	YYYY ,				
For the ca	alendar year before that:				
	to December 31, <u>2016</u>)				
	YYYY	_	_	<u>—</u>	

Debtor 1

Debtor 1	David		Neewilly		Case r	number (if knov	vn)
	First Nam	ne Middle Nam	ne Last Na	me			
Part 3: L	ist Certain Pa	ayments You Made	Before You Filed	l for Bankruptcy			
. Are eithe	er Debtor 1's or D	ebtor 2's debts primarily	consumer debts?				
☐No.	individual prima	rily for a personal, family	, or household purpos	e."	e defined in 11 U.S.C. § 1	01(8) as "incur	red by an
	_	ays before you filed for ba	ankruptcy, did you pay	any creditor a total of \$	66,425* or more?		
	☐ No. Go to lin						
	credi		ents for domestic sup		or more payments and th as child support and alimo		
	* Subject to adju	ustment on 4/01/19 and e	very 3 years after that	for cases filed on or af	ter the date of adjustment		
√ Yes.	Debtor 1 or De	btor 2 or both have prir	marily consumer deb	ots.			
		ays before you filed for ba	ankruptcy, did you pay	any creditor a total of \$	6600 or more?		
	☑ No. Go to lin	ne 7.					
	payn				total amount you paid that nony. Also, do not include		
			Dates of payment	Total amount p	paid Amount you	still owe	Was this payment for
							Mortgage
	Creditor's Nam	e				_	Car
	 Number Str	eet				_	Credit card Loan repayment
	Number 30	eet					Suppliers or vendors
							Other
	City	State ZIP Co	de				
							Mortgage
	Creditor's Nam	e				_	Car
	Number Str	eet					Credit card Loan repayment
	Number 30	eet					Suppliers or vendors
							Other
	City	State ZIP Co	de				
Insiders officer, diproprieto	include your relati irector, person in	ves; any general partner control, or owner of 20% I. Include payments for d	s; relatives of any gen or more of their voting	neral partners; partners g securities; and any m	nanaging agent, including	eneral partner;	corporations of which you are an ness you operate as a sole
			Dates of payment	Total amount paid	Amount you still owe	Reason for t	his payment

		~~ ~	NA: -I-II- NI	I NI			
	First Na	ne	Middle Nam	ne Last Na	ame		
Insider's Name	<u> </u>				-		
Number St	reet						
City		State	ZIP Code				
Insider's Name	e				•		
Number St	reet						
City		State	ZIP Code				
Ź No ☑Yes. List all	navments	that hone	fited an insider				
	paymento	u lat bei le	inca an insiaci.				
	paymonto	triat bene	med arringider.				
	paymone	inat bone	med an inside.	Dates of	Total amount paid	Amount you still owe	Reason for this payment
	paymonio	mat bene	inco arribaci.	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
	paymonio	ti let bei le	inca arriisiaci.		Total amount paid	Amount you still owe	
Insider's Nam		u let belle	ined arringider.		Total amount paid	Amount you still owe	
Insider's Name		that belie	med arringider.		Total amount paid	Amount you still owe	
		uidi belie			Total amount paid	Amount you still owe	
	e	inal sorie			Total amount paid	Amount you still owe	
	e	inal sorie			Total amount paid	Amount you still owe	
Number St	e	State	ZIP Code		Total amount paid	Amount you still owe	
Number St	e				Total amount paid	Amount you still owe	
Number St	e				Total amount paid	Amount you still owe	
Number St	e				Total amount paid	Amount you still owe	
Number St	e				Total amount paid	Amount you still owe	
Number St City Insider's Name	e				Total amount paid	Amount you still owe	
Number St City Insider's Name	e creet				Total amount paid	Amount you still owe	
Number St City Insider's Name	e creet				Total amount paid	Amount you still owe	
Number St City Insider's Name	e creet				Total amount paid	Amount you still owe	
Number St City Insider's Name	e creet	State	ZIP Code		Total amount paid	Amount you still owe	
Number St City Insider's Name Number St City	e creet e	State	ZIP Code	payment		Amount you still owe	
Number St City Insider's Name Number St City	e creet	State	ZIP Code			Amount you still owe	
Number St City Insider's Name Number St City t 4: Identi	e e e creet before you	State State Action	ZIP Code ZIP Code S, Repossess bankruptcy, we	sions, and Forec	closures y lawsuit, court action,	or administrative proce	Include creditor's name
Number St City Insider's Name Number St City t 4: Identi Vithin 1 year ist all such ma	e e e creet before you	State State Action	ZIP Code ZIP Code S, Repossess bankruptcy, we	sions, and Forec	closures y lawsuit, court action,	or administrative proce	Include creditor's name
Number St City Insider's Name Number St City t 4: Identi Vithin 1 year ist all such maisputes.	e e e creet before you	State State Action	ZIP Code ZIP Code S, Repossess bankruptcy, we	sions, and Forec	closures y lawsuit, court action,	or administrative proce	Include creditor's name
City Insider's Name Number St City t 4: Identi	e e e e treet before you atters, inclu	State State Action u filed for uding personal ding pers	ZIP Code ZIP Code S, Repossess bankruptcy, we	sions, and Forec	closures y lawsuit, court action,	or administrative proce	Include creditor's name

		Nature of the	e Case	Court of	agency			Status of the case
Case title								Pending
				Court Nan	ne			☐ On appeal☐ Concluded☐
Case number				Number	Street			Concluded
				City		State	ZIP Code	
ase title								Pending
				Court Nan	ne			☐ On appeal☐ Concluded☐
ase number				Number	Street			
				City		State	ZIP Code	
Yes. Fill in the information below.								
			Describe the property			Date	9	Value of the property
Creditor's Name								
Number Street			Explain what happened					
			Property was reposses					
			☐ Property was foreclose☐ Property was garnishe					
City	State 2	ZIP Code	Property was attached		evied.			
			Describe the property			Date	•	Value of the property
Condition of a Manage								
Creditor's Name								
Number Street			Explain what happened					
			Property was reposses					
			☐ Property was foreclose☐ Property was garnishe					
	State 2	ZIP Code	☐ Property was attached	, seized, or le	evied.			
City S								

Case number (if known) _

Debtor 1

otor 1	David		Neewilly	Case number (if known)	
	First Name	Middle Name	Last Name		
			Describe the action the creditor took	Date action was taken	Amount
Creditor's I	Name				
Number	Street		-		
			Loct 4 digits of account number: YYYY		
City	State	ZIP Code	_ Last 4 digits of account number: XXXX	_	
Within 1 ye	ar before you filed for	r bankruptcy, was	any of your property in the possession of an assi	ignee for the benefit of creditor	rs, a court-appointed rec
a custodian ✓ No	, or another official?				
Yes					
t 5: List	Certain Gifts and	d Contributions	6		
Vithin 2 yea	rs before you filed for	r bankruptcy, did y	ou give any gifts with a total value of more than \$	\$600 per person?	
√ No					
Yes. Fill in	the details for each g	jift.			
Gifts with person	a total value of more	than \$600 per	Describe the gifts	Dates you gave the gifts	Value
porcorr				uno ginto	
	., ., ., ., .,				
Person to V	Vhom You Gave the Gif	t			
Number	Street				
City	Stat	e ZIP Code			
Person's re	elationship to you				
Gifts with person	a total value of more	than \$600 per	Describe the gifts	Dates you gave the gifts	Value
Person to V	Vhom You Gave the Gif	t			
	Street				
Number					
	Stat	e ZIP Code			
City		e ZIP Code			
City	Stat				
City Person's re	elationship to you		YOU give any gifts or contributions with a total va	alue of more than \$600 to any o	harity?
City Person's re	elationship to you		you give any gifts or contributions with a total va	alue of more than \$600 to any c	harity?

	t Describe what you contributed	Date you	Value
total more than \$600	·	contributed	
charity's Name			
lumber Street	\dashv		
State ZIP Code			
_			
: List Certain Losses			
	otcy or since you filed for bankruptcy, did you lose any	thing because of theft, fire, other	r disaster, or gambling?
No			
Yes. Fill in the details.			
Describe the property you lost and	Describe any insurance coverage for the loss	Date of your loss	Value of property los
how the loss occurred	Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.	•	value of property los
			-
: List Certain Payments or Tr	ansfers		
hin 1 year before you filed for bankru	ptcy, did you or anyone else acting on your behalf pay	or transfer any property to anyon	ne you consulted about s
hin 1 year before you filed for bankru kruptcy or preparing a bankruptcy pe	ptcy, did you or anyone else acting on your behalf pay		e you consulted about s
hin 1 year before you filed for bankru kruptcy or preparing a bankruptcy pe	ptcy, did you or anyone else acting on your behalf pay etition?		ne you consulted about s
thin 1 year before you filed for bankrup kruptcy or preparing a bankruptcy pe ude any attorneys, bankruptcy petition p	ptcy, did you or anyone else acting on your behalf pay etition?		e you consulted about s
thin 1 year before you filed for bankruptkruptcy or preparing a bankruptcy petition pude any attorneys, bankruptcy petition pu	ptcy, did you or anyone else acting on your behalf pay etition?		ne you consulted about s
thin 1 year before you filed for bankrup hkruptcy or preparing a bankruptcy petition pude any attorneys, bankruptcy petition push. No Yes. Fill in the details.	ptcy, did you or anyone else acting on your behalf pay of etition? oreparers, or credit counseling agencies for services require particles for services require particles. Description and value of any property transferred	ired in your bankruptcy.	
thin 1 year before you filed for bankrup inkruptcy or preparing a bankruptcy petition pude any attorneys, bankruptcy petition pulse. Fill in the details. Youngblood Franklin Sampoli & Coombeterson Who Was Paid	ptcy, did you or anyone else acting on your behalf pay or services required agencies for services required agencies for services required bescription and value of any property transferred	Date payment or transfer was made	Amount of payment
thin 1 year before you filed for bankrup inkruptcy or preparing a bankruptcy petition pude any attorneys, bankruptcy petition pulse. No Yes. Fill in the details. Youngblood Franklin Sampoli & Coombeterson Who Was Paid	ptcy, did you or anyone else acting on your behalf pay of etition? oreparers, or credit counseling agencies for services require particles for services require particles. Description and value of any property transferred	ired in your bankruptcy. Date payment or	Amount of payment
thin 1 year before you filed for bankrup inkruptcy or preparing a bankruptcy petition pude any attorneys, bankruptcy petition pulse. Fill in the details. Youngblood Franklin Sampoli & Coombeterson Who Was Paid	ptcy, did you or anyone else acting on your behalf pay of etition? oreparers, or credit counseling agencies for services require particles for services require particles. Description and value of any property transferred	Date payment or transfer was made	Amount of payment
thin 1 year before you filed for bankrup hkruptcy or preparing a bankruptcy petition pude any attorneys, bankruptcy petition properties. Yes. Fill in the details. Youngblood Franklin Sampoli & Coombeterson Who Was Paid 1201 New Rd. 230 Illumber Street	ptcy, did you or anyone else acting on your behalf pay of etition? oreparers, or credit counseling agencies for services require particles for services require particles. Description and value of any property transferred	Date payment or transfer was made	Amount of payment
thin 1 year before you filed for bankrup hkruptcy or preparing a bankruptcy petition pude any attorneys, bankruptcy petition properties. No Yes. Fill in the details. Youngblood Franklin Sampoli & Coombsterson Who Was Paid 1201 New Rd. 230 lumber Street	ptcy, did you or anyone else acting on your behalf pay of etition? oreparers, or credit counseling agencies for services require particles for services require particles. Description and value of any property transferred	Date payment or transfer was made	
thin 1 year before you filed for bankrup hkruptcy or preparing a bankruptcy petition pude any attorneys, bankruptcy petition properties. No Yes. Fill in the details. Youngblood Franklin Sampoli & Coombsterson Who Was Paid 1201 New Rd. 230 lumber Street	ptcy, did you or anyone else acting on your behalf pay of etition? oreparers, or credit counseling agencies for services require particles for services require particles. Description and value of any property transferred	Date payment or transfer was made	Amount of payment
thin 1 year before you filed for bankrup hkruptcy or preparing a bankruptcy petition pude any attorneys, bankruptcy petition properties. No Yes. Fill in the details. Youngblood Franklin Sampoli & Coombsterson Who Was Paid 1201 New Rd. 230 lumber Street	ptcy, did you or anyone else acting on your behalf pay of etition? oreparers, or credit counseling agencies for services require particles for services require particles. Description and value of any property transferred	Date payment or transfer was made	Amount of payment
chin 1 year before you filed for bankrup chin hkruptcy or preparing a bankruptcy petition pude any attorneys, bankruptcy petition pulse. No Yes. Fill in the details. Youngblood Franklin Sampoli & Coombour Coo	ptcy, did you or anyone else acting on your behalf pay detition? preparers, or credit counseling agencies for services require parents. Description and value of any property transferred. Attorney's Fee	Date payment or transfer was made	Amount of payment

Case number (if known)

<u>David</u>

Debtor 1

CC Advising	Description and value of any property t	transferred	Date payment or transfer was made	Amount of payment
Person Who Was Paid	;			
			Dec 12, 2017	\$9.76
Number Street				
	_			
City State ZIP Code				
Email or website address				
Person Who Made the Payment, if Not You	_			
eal with your creditors or to make payment on the include any payment or transfer that y No No Yes. Fill in the details.				
	Description and value of any property t	transferred	Date payment or transfer was made	Amount of payment
Person Who Was Paid	_			
Number Street				
City State 7ID Code				
City State ZIP Code				
ourse of your business or financial affairs	made as security (such as the granting of a			y transferred in the o
	Description and value of property transferred	Describe any propor debts paid in e	perty or payments receive xchange	ed Date transfer wa made
Person Who Received Transfer				
Person Who Received Transfer Number Street	_			

Case number (if known)

Debtor 1

	First Name	Middle Name	Last Name			
Dorgon Who	Received Transfer					
Person who	Received Transfer					
Number C	Para at					
Number S	Street					
City	State Z	IP Code				
•	ationship to you					
	, ,					
			u transfer any property to	a self-settled trust or simila	ar device of which you are a	beneficiary?(These
ten called <i>as</i> . ∕ INo	set-protection devic	es.)				
_	No detello					
Yes. Fill in t	ine details.	Decement	on and value of the prope	uto e tura marfa uma el		Data transfer was
		Description	on and value of the proper	rty transferred		Date transfer was made
Name of trus	st					
8: List Ce	ertain Financial	Accounts, Instru	ıments, Safe Deposit	Boxes, and Storage	Units	
ransferred? nclude check unds, cooper	ing, savings, mone		ancial accounts; certificat		ne, or for your benefit, closed	
ransferred? nclude check unds, cooper	ing, savings, mone ratives, association	y market, or other fin	ancial accounts; certificat		-	
ansferred? aclude check unds, cooper	ing, savings, mone ratives, association	ey market, or other financial	ancial accounts; certificat	es of deposit; shares in ba	anks, credit unions, brokera	ge houses, pensior
ansferred? clude check inds, cooper	ing, savings, mone ratives, association	ey market, or other financial	ancial accounts; certificat I institutions.	es of deposit; shares in ba	Date account was closed, sold, moved, or	ge houses, pension Last balance before closing
ansferred? clude check inds, cooper	ing, savings, mone ratives, association	ey market, or other financial	ancial accounts; certificat I institutions.	es of deposit; shares in ba	anks, credit unions, brokera	ge houses, pensior
ansferred? clude check inds, cooper No Yes. Fill in t	ing, savings, mone ratives, association	ey market, or other financial s, and other financial Last 4 di	ancial accounts; certificat I institutions. gits of account number	Type of account or instrument	Date account was closed, sold, moved, or	ge houses, pension Last balance before closing
ansferred? clude check nds, cooper No Yes. Fill in t	ting, savings, mone ratives, association the details.	ey market, or other financial s, and other financial Last 4 di	ancial accounts; certificat I institutions.	Type of account or instrument Checking	Date account was closed, sold, moved, or	ge houses, pension Last balance before closing
ansferred? clude check nds, cooper No Yes. Fill in t	ting, savings, mone ratives, association the details.	ey market, or other financial s, and other financial Last 4 di	ancial accounts; certificat I institutions. gits of account number	Type of account or instrument Checking Savings	Date account was closed, sold, moved, or	ge houses, pension Last balance before closing
ansferred? clude check inds, cooper No Yes. Fill in t	ting, savings, mone ratives, association the details.	ey market, or other financial s, and other financial Last 4 di	ancial accounts; certificat I institutions. gits of account number	Type of account or instrument Checking Savings Money market	Date account was closed, sold, moved, or	ge houses, pension Last balance before closing
ansferred? clude check inds, cooper No Yes. Fill in t	ting, savings, mone ratives, association the details.	ey market, or other financial s, and other financial Last 4 di	ancial accounts; certificat I institutions. gits of account number	Type of account or instrument Checking Savings Money market Brokerage	Date account was closed, sold, moved, or	ge houses, pension Last balance before closing
ansferred? clude check inds, cooper No Yes. Fill in t	ting, savings, mone ratives, association the details.	ey market, or other financial s, and other financial Last 4 di	ancial accounts; certificat I institutions. gits of account number	Type of account or instrument Checking Savings Money market	Date account was closed, sold, moved, or	ge houses, pension Last balance before closing
ansferred? clude check inds, cooper No Yes. Fill in t	ring, savings, mone ratives, association the details.	ey market, or other financial s, and other financial Last 4 di	ancial accounts; certificat I institutions. gits of account number	Type of account or instrument Checking Savings Money market Brokerage	Date account was closed, sold, moved, or	ge houses, pension Last balance before closing
ansferred? aclude check unds, cooper No Yes. Fill in t Name of Fina	ring, savings, mone ratives, association the details.	Last 4 di	ancial accounts; certificat I institutions. gits of account number	Type of account or instrument Checking Savings Money market Brokerage	Date account was closed, sold, moved, or	ge houses, pension Last balance before closing
ansferred? Iclude check Inds, cooper No Yes. Fill in t Name of Fina Number S City	ring, savings, mone ratives, association the details.	Last 4 dig	ancial accounts; certificat	Type of account or instrument Checking Savings Money market Brokerage Other	Date account was closed, sold, moved, or	ge houses, pension Last balance before closing
ansferred? clude check inds, cooper No Yes. Fill in t Name of Fina Number S City	ting, savings, mone ratives, association the details. Incial Institution Street	Last 4 dig	ancial accounts; certificat I institutions. gits of account number	Type of account or instrument Checking Savings Money market Brokerage Other Checking	Date account was closed, sold, moved, or	ge houses, pension Last balance before closing
ansferred? clude check inds, cooper No Yes. Fill in t Name of Fina Number City Name of Fina	ing, savings, mone ratives, association the details. Incial Institution Street State ZI	Last 4 dig	ancial accounts; certificat	Type of account or instrument Checking Savings Money market Brokerage Other Checking	Date account was closed, sold, moved, or	ge houses, pension Last balance before closing
ransferred? aclude check unds, cooper No Yes. Fill in t Name of Fina Number S City Name of Fina	ting, savings, mone ratives, association the details. Incial Institution Street	Last 4 dig	ancial accounts; certificat	Type of account or instrument Checking Savings Money market Brokerage Other Checking Savings	Date account was closed, sold, moved, or	ge houses, pension Last balance before closing
ransferred? nclude check unds, cooper No Yes. Fill in t Name of Fina Number City Name of Fina	ing, savings, mone ratives, association the details. Incial Institution Street State ZI	Last 4 dig	ancial accounts; certificat	Type of account or instrument Checking Savings Money market Brokerage Other Savings Money market Brokerage Brokerage Brokerage Brokerage	Date account was closed, sold, moved, or	ge houses, pension Last balance before closing
ransferred? nclude check unds, cooper No Yes. Fill in t Name of Fina Number S City Name of Fina	ing, savings, mone ratives, association the details. Incial Institution Street State ZI	Last 4 dig	ancial accounts; certificat	Type of account or instrument Checking Savings Money market Brokerage Other Checking Savings	Date account was closed, sold, moved, or	ge houses, pension Last balance before closing
ransferred? nclude check unds, cooper No Yes. Fill in t Name of Fina Number S City Name of Fina Number S	ing, savings, mone ratives, association the details. Incial Institution Street State ZI Incial Institution	Last 4 dig	ancial accounts; certificat	Type of account or instrument Checking Savings Money market Brokerage Other Savings Money market Brokerage Brokerage Brokerage Brokerage	Date account was closed, sold, moved, or	ge houses, pension Last balance before closing
ransferred? nclude check unds, cooper No Yes. Fill in t Name of Fina Number S City Name of Fina	ing, savings, mone ratives, association the details. Incial Institution Street State ZI Incial Institution	Last 4 dig	ancial accounts; certificat	Type of account or instrument Checking Savings Money market Brokerage Other Savings Money market Brokerage Brokerage Brokerage Brokerage	Date account was closed, sold, moved, or	ge houses, pension Last balance before closing
ransferred? nclude check unds, cooper No Yes. Fill in t Name of Fina Number City Name of Fina Number S City	sing, savings, mone ratives, association the details. Incial Institution Street State ZI Incial Institution	Last 4 dig XXXX- P Code XXXX-	ancial accounts; certificat	Type of account or instrument Checking Savings Money market Brokerage Other Savings Money market Brokerage Other Other Other Other Other	Date account was closed, sold, moved, or	Last balance before closing of transfer
ransferred? nclude check unds, cooper No Yes. Fill in t Name of Fina Number City Name of Fina Number S City	sing, savings, mone ratives, association the details. Incial Institution Street State ZI Incial Institution	Last 4 dig XXXX- P Code XXXX-	ancial accounts; certificat	Type of account or instrument Checking Savings Money market Brokerage Other Savings Money market Brokerage Other Other Other Other Other	Date account was closed, sold, moved, or transferred	Last balance before closing of transfer

Debtor 1	David	Neewilly	Case number (if know	n)
	First Name Mic	ddle Name Last Name		
		Who else had access to it?	Describe the contents	Do you still have it?
			_	□No
Nam	ne of Financial Institution	Name		Yes
Nun	nber Street	Number Street	-	
		City State ZIP Code	-	
City	State ZIP Code			
√ No		or place other than your home within 1 year before	e you filed for bankruptcy?	
		Who else has or had access to it?	Describe the contents	Do you still have it?
 Nan	ne of Storage Facility	Name	-	□ No □ Yes
Nun	nber Street	Number Street	-	
		City State ZIP Code	-	
City	State ZIP Code			
	1	or Control for Someone Else		
✓No		omeone else owns? Include any property you bor	rowed from, are storing for, or hold in trust for	someone.
∟ Ye:	s. Fill in the details.	Where is the property?	Describe the property	Value
Owr	ner's Name	Number Street	-	
Nun	nber Street		_	
		City State ZIP Code	-	
City	State ZIP Code			
Part 10:	Give Details About Enviro	nmental Information		
For the pu	rpose of Part 10, the following defini	tions apply:		
■ Enviro	onmental law means any federal, sta	ate, or local statute or regulation concerning pollu water, groundwater, or other medium, including		
	neans any location, facility, or propert ding disposal sites.	ty as defined under any environmental law, wheth	er you now own, operate, or utilize it or used	to own, operate, or utilize it,
	rdous material means anything an er minant, or similar term.	nvironmental law defines as a hazardous waste, h	nazardous substance, toxic substance, hazard	dous material, pollutant,
Report all	notices, releases, and proceedings t	that you know about, regardless of when they occ	curred.	

Governmental unit Governmental unit Number Street	Environmental law, if you know it	Date of notice
Governmental unit	Environmental law, if you know it	Date of notice
Governmental unit	Environmental law, if you know it	Date of notice
Governmental unit		Jan 3, 1101133
Number Street		
Number Street		
	_	
City State ZIP Code		
release of hazardous material?		
Governmental unit	Environmental law, if you know it	Date of notice
Governmental unit	_	
Number Street		
Aumber Street		
City State 7IP Code	_	
Sity State Zii Gode		
strative proceeding under any environ	mental law? Include settlements and orders.	
Court or agency	Nature of the case	Status of the cas
	_	☐Pending
Court Name		☐On appeal
		☐Concluded
Number Street	_	
Turniber Sufeet		
number offeet		
	Governmental unit Governmental unit Street City State ZIP Code	Governmental unit Environmental law, if you know it Governmental unit Number Street City State ZIP Code Strative proceeding under any environmental law? Include settlements and orders. Court or agency Nature of the case

	First Name	Middle N	Name Last Name	
			Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
Name				EIN:
Number	Street		Name of accountant or bookkeeper	Dates business existed
				FromTo
City	State	ZIP Code	Describe the nature of the business	Employer Identification number
Name				Do not include Social Security number or ITIN. EIN:
Number	Street		Name of accountant or bookkeeper	Dates business existed
				FromTo
City	State	ZIP Code	Describe the nature of the business	Employer Identification number
Name				Do not include Social Security number or ITIN. EIN:
Number	Street		Name of accountant or bookkeeper	Dates business existed
				FromTo
City	State	ZIP Code		
ithin 2 yea	ars before you filed f	for hankruntov d	id you give a financial statement to anyone about your b	usiness? Include all financial institutions, creditors, or other
rties. No	in the details below		Date issued	
rties. No	·		Date issued MM / DD / YYYY	
rties. No Yes. Fill ii	·			

Case number (if known)

Debtor 1

or 1	David		Neewilly	Case number (if known)
	First Name	Middle Name	Last Name	
				and I declare under penalty of perjury that the answers are true and
				money or property by fraud in connection with a bankruptcy case . §§ 152, 1341, 1519, and 3571.
X	/s/ David	Neewilly	_ X	
Signati	ure of Debtor 1		Signature of Deb	otor 2
Date 0	01/12/2018	_	Date	
_	tach additional pages	to Your Statement of F	inancial Affairs for Individuals	s Filing for Bankruptcy (Official Form 107)?
1 No				
Yes				
id you pa	y or agree to pay son	neone who is not an atto	rney to help you fill out bankro	uptcy forms?
1 No				
☐Yes. Na	me of person			Attach the Bankruptcy Petition Preparer's Notice,
				Declaration, and Signature (Official Form 119).

United States Bankruptcy Court District of New Jersey

In r Ne		ly, David			
	• • • • • • • • • • • • • • • • • • • •	.,,,		Case No	
Del	btor			Chapter	13
		DISCLOSURE O	OF COMPENSATION OF ATTORNEY	FOR DEBTO	R
1.	n: b:	amed debtor(s) and that companded ankruptcy, or agreed to be paid	and Fed. Bankr. P. 2016(b), I certify pensation paid to me within one yea d to me, for services rendered or to be in connection with the bankruptcy ca	r before the f be rendered o	iling of the petition in on behalf of the
	F:	or legal services, I have agree	d to accept		\$3,500.00
	P	rior to the filing of this stateme	ent I have received		\$1,500.00
	B	alance Due			\$2,000.00
2.	The	e source of the compensation	to be paid to me was:		
		☑ Debtor	Other (specify)		
3.	The	e source of compensation to b	e paid to me is:		
		☑ Debtor	Other (specify)		
4.		I have not agreed to share the ess they are members and ass	e above-disclosed compensation with cociates of my law firm.	h any other pe	erson
	per	sons who are not members or	ove-disclosed compensation with a cassociates of my law firm. A copy of of the people sharing in the compen	the agreeme	nt,
5.		return for the above-disclosed the bankruptcy case, including	fee, I have agreed to render legal se :	ervice for all a	spects
	a.	Analysis of the debtor's final in determining whether to file	ncial situation, and rendering advice a petition in bankruptcy;	to the debto	г
	b.	Preparation and filing of any which may be required;	petition, schedules, statements of a	ffairs and pla	n

c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

Representation of the debtor in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding

Fill in this information to identify your case:						
Debtor 1	David		Neewilly			
	First Name	Middle Name	Last Name			
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name			
United States Bar	nkruptcy Court for th	e:	District of New Jersey			
Case number (if known)						

Check as directed in lines 17 and 21:
According to the calculations required by this Statement:
1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).
2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).
☑3. The commitment period is 3 years.
☐4. The commitment period is 5 years.

Check if this is an amended filing

Column B

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1: Calculate Your Average Monthly Income

1. What is your marital and filing status? Check one only.

Not married. Fill out Column A, lines 2-11.

Married. Fill out both Columns A and B, lines 2-11.

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case.11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

Column A

		Debtor 1	Debtor 2 or non-filing spouse
Your gross wages, salary, tips, bonuses, overtime, and opayroll deductions).	commissions (before all	\$3,184.6	\$2,423.08
3. Alimony and maintenance payments. Do not include payr	\$0.00	\$0.00	
4. All amounts from any source which are regularly paid for you or your dependents, including child support. Include an unmarried partner, members of your household, your de not include payments from a spouse. Do not include payment listed on line 3.	de regular contributions from pendents, parents, and roomma	tes. Do \$0.00	0.00
5. Net income from operating a business, profession, or farm	Debtor 1 Debtor	· 2	
Gross receipts (before all deductions)	\$0.00	0.00	
Ordinary and necessary operating expenses	- \$0.00 - \$	0.00	
Net monthly income from a business, profession, or farm	\$0.00	0.00 Copy here → \$0.00	90.00
6. Net income from rental and other real property	Debtor 1 Debtor	· 2	
Gross receipts (before all deductions)	\$0.00	0.00	
Ordinary and necessary operating expenses	- \$0.00 - \$	0.00	
Net monthly income from rental or other real property	\$0.00	0.00 Copy here → \$0.00	\$0.00

Total James Middle Name Last Name Column A Debtor 1 Debtor 2 or Debtor 3 Debtor 2 or Debtor 3 Debtor	Debtor 1	David	Neewilly		_ Ca	ase number (if known)	
7. Interest, dividends, and royalties \$0.00 \$0.00 8. Unemployment compensation Do not enter the amount if you contend that the amount received was a benefit under the Social Socruly Act. Instead, list it here: For you. 50.00 For your spouse. 50.00 9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Social Monthly Act. In tension from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Social Monthly Act. In tension from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Social Monthly incomes and plant the maintain and or hardwards any laterals received under the Social Social Monthly incomes and plant the total below. Total amounts from separate pages, if any. 11. Calculate your total average monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B. Total amounts from separate pages, if any. 12. Copy your total average monthly income from line 11. 13. Calculate the marital adjustment. Check one: You are not marited. Fill in 0 below.		First Name	Middle Name Last Name		Column A	С	olumn B	
8. Unemployment compensation Do not enter the amount if you contend that the amount neceled was a benefit under the Social Security Act. Instead, list it here: For you. 50.00 For your spouse. 50.00 9. Pension or retriement income. Do not include any amount received that was a benefit under the Social Security Act. 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a votin of a vest crime, a crime against humanity, or interesticated or domestic errorism. If necessary, list other sources on a separate page and put the total below. Total amounts from separate pages, if any. 11. Calculate your total average monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B. Total amounts from separate pages, if any. 12. Capy your total average monthly income from line 11. 13. Calculate the marital adjustment. Check one: 14. You are not manied. Fill in 0 below. 15. Vou are maried and your spouse is not fling with you. Fill in 0 below. 16. You are maried and your spouse is not fling with you. 17. If in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household openses of you or your dependents, such as payment of the spouses tax licitility or the spouses support of someone other than you or your dependents, such as payment of the spouses tax licitility or the spouses support of someone other than you or your dependents, such as payment of the spouses stax licitility or the spouses support of someone other than you or your dependents, such as payment of the spouses stax licitility or the spouses support of someone other than you or your dependents. 14. Your current monthly income and the amount of income deviced to each purpose. If necessary, ist additional adjustments on a separate page. 15. Calculate your current monthly income for the year. Follow these steps: 150. Copy line 14 here — 151. Cal					Debtor 1			
Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act Instead, list if here: Social Security Act. Instead, list if here: Social Security Act. Instead, list if here: Social Security Act. Instead, list if here: Social Security Act. Instead is security act. In security and the security of the security. Security the security of the security of the security security of the security of	7.	Interest, dividends, and roy	/alties			\$0.00	\$0.00	
the Social Security Act. Instead, list it here: SOCIO						\$0.00	\$0.00	
For your spouse								
For your spouse				•				
9. Pension or retirement income. Do not include any amount received that was a benefit \$0.00 \$0.00 under the Social Security Act. 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a continuous		,						
under the Social Security Act. 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below. Total amounts from separate pages, if any. 11. Calculate your total average monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B. Determine How to Measure Your Deductions from Income 12. Copy your total average monthly income from line 11. 3. Calculate the marital adjustment. Check one: You are not married. Fill in 0 below. You are maried and your spouse is lifting with you. Fill in 0 below. You are maried and your spouse is lifting with you. Fill in the amount of the income listed in line 11. Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents. Below, specify the besis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustment on a separate page. If this adjustment does not apply, enter 0 below. 15. Calculate your current monthly income. Subtract the total in line 13 from line 12. 15. Calculate your current monthly income for the year. Follow these steps: 15a. Copy line 14 here —		•						
not include any benefits received under the Social Security Act or payments received as a victim of a war crine, a cime against humanity or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below. Total amounts from separate pages, if any. 11. Calculate your total average monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B. Part 2. Determine How to Measure Your Deductions from Income 12. Copy your total average monthly income from line 11. \$5,607.75 13. Calculate the marital adjustment. Check one: You are not married. Fill in 0 below. You are married and your spouse is filing with you. Fill in 0 below. If I in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax faithily or the spouse's support of someone other than you or your dependents. Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustment does not apply, enter 0 below. 14. Your current monthly income. Subtract the total in line 13 from line 12. 15. Calculate your current monthly income for the year. Follow these steps: 16a. Copy line 14 here — So.00. \$5,607.75 X 12			· · · · · · · · · · · · · · · · · · ·	at was a benefit		<u>60.00</u>	\$0.00	
11. Calculate your total average monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B. S3,184.67	10.	not include any benefits reca a victim of a war crime, a cr	eived under the Social Security Act or paym rime against humanity, or international or do	nents received as omestic terrorism.				
Total average monthly income Determine How to Measure Your Deductions from Income 12. Copy your total average monthly income from line 11	Tota	al amounts from separate pag	es, if any.		+	467	\$2,422.08	_ \$5,607.75
Part 2: Determine How to Measure Your Deductions from Income 12. Copy your total average monthly income from line 11	11.			0 for each	\$3,10	4.07	\$2,423.00	Total average
you are not married. Fill in 0 below. you are married and your spouse is filing with you. Fill in 0 below. you are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents. Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If this adjustment does not apply, enter 0 below. Total								\$5,607.75
you are married and your spouse is filing with you. Fill in 0 below. ✓ You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents. Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If this adjustment does not apply, enter 0 below. Total	13.	Calculate the marital adju	stment. Check one:					
✓ You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents. Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If this adjustment does not apply, enter 0 below. Total								
You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents. Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If this adjustment does not apply, enter 0 below. Total. \$0.00 Copy here. → \$0.00 14. Your current monthly income. Subtract the total in line 13 from line 12. \$5,607.75 15. Calculate your current monthly income for the year. Follow these steps: 15a. Copy line 14 here → \$5,607.75 Multiply line 15a by 12 (the number of months in a year).	_	• •	• •					
dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents. Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If this adjustment does not apply, enter 0 below. Total	✓ Yo							
adjustments on a separate page. If this adjustment does not apply, enter 0 below. Total								
Total	ac	djustments on a separate pag	ge.	ne devoted to each pu	irpose. If necessal	ry, list additio	nal	
14. Your current monthly income. Subtract the total in line 13 from line 12. 15. Calculate your current monthly income for the year. Follow these steps: 15a. Copy line 14 here →	11	triis adjustment does not appi	ly, enter o below.					
14. Your current monthly income. Subtract the total in line 13 from line 12. 15. Calculate your current monthly income for the year. Follow these steps: 15a. Copy line 14 here →	_							
14. Your current monthly income. Subtract the total in line 13 from line 12. 15. Calculate your current monthly income for the year. Follow these steps: 15a. Copy line 14 here →	_							
14. Your current monthly income. Subtract the total in line 13 from line 12. 15. Calculate your current monthly income for the year. Follow these steps: 15a. Copy line 14 here →	_				_			
14. Your current monthly income. Subtract the total in line 13 from line 12. 15. Calculate your current monthly income for the year. Follow these steps: 15a. Copy line 14 here → \$5,607.75 Multiply line 15a by 12 (the number of months in a year).	To	otal			\$0.00	Copy here.	-	\$0.00
15a. Copy line 14 here →	14.	Your current monthly inco	ome. Subtract the total in line 13 from line 1	2.				\$5,607.75
Multiply line 15a by 12 (the number of months in a year). x 12	15.	Calculate your current mo	onthly income for the year. Follow these sto	eps:				
Multiply line 15a by 12 (the number of months in a year).	15	5a. Copy line 14 here →						\$5,607.75
15b. The result is your current monthly income for the year for this part of the form		* *						x 12
	15	5b. The result is your current	monthly income for the year for this part of	the form				\$67,293.00

Debtor 1	David	Neewilly		Case number (if known)		
	First Name	Middle Name Last Name				
16. Calc	ulate the median fam	nily income that applies to you. Follow th	ese steps:			
16a. Fill	in the state in which y	ou live.	New Jersey			
16b. Fill	16b. Fill in the number of people in your household.		3			
16c. Fill	in the median family i	ncome for your state and size of househol	d		\$96,126.00	
		median income amounts, go online using This list may also be available at the bankr				
17. How	do the lines compar	e?				
17a. 🗹	Line 15b is less that 1325(b)(3). Go to F	n or equal to line 16c. On the top of page 1 Part 3. Do NOT fill out Calculation of Your	of this form, check box 1, <i>Dispos</i> Disposable Income (Official Form	sable income is not determined und n 122C–2).	ler 11 U.S.C. §	
17b. 🗀	17b. Line 15b is more than line 16c. On the top of page 1 of this form, check box 2, <i>Disposable income is determined under 11 U.S.C.</i> § 1325(b)(3). Go to Part 3 and fill out Calculation of Your Disposable Income (Official Form 122C–2). On line 39 of that form, copy your current monthly income from line 14 above.					
Part 3: Cal	culate Your Com	mitment Period Under 11 U.S.C.	§1325(b)(4)			
18. Cop y	your total average	monthly income from line 11			\$5,607.75	
19. Ded u	uct the marital adjus	tment if it applies. If you are married, you	ır spouse is not filing with you, and	d you contend that calculating		
		der 11 U.S.C. § 1325(b)(4) allows you to de				
19a. If the i	marital adjustment do	es not apply, fill in 0 on line 19a			\$0.00	
19b. Subtr	act line 19a from line	2 18.			\$5,607.75	
20. Calc	ulate your current me	onthly income for the year. Follow these	steps.			
20a. Copy li	ne 19b				\$5,607.75	
Multip	ly by 12 (the number o	of months in a year).			x 12	
20b. The res	sult is your current mo	onthly income for the year for this part of th	e form.		\$67,293.00	
20c. Copy th	ne median family inco	me for your state and size of household fro	om line 16c		\$96,126.00	
21. How	do the lines compar	e?				
	b is less than line 20c mmitment period is 3 y	. Unless otherwise ordered by the court, or rears. Go to Part 4.	n the top of page 1 of this form, ch	eck box 3,		
Line 20	b is more than or equ	al to line 20c. Unless otherwise ordered by the period is 5 years. Go to Part 4.	/ the court, on the top of page 1 of	f this form,		
Part 4: Sig	n Below					
By signing	g here, under penalty	of perjury I declare that the information on	this statement and in any attachm	nents is true and correct.		
X /2	/ David Neewilly		X			
	ignature of Debtor 1		Signature of De	ebtor 2		
			Ü			
Da	tte 01/12/2018 MM/DD/YYYY		Date MM/DD/	YYYY		
If you obs			······			
		out or file Form 122C–2.				
If you che	cked 17b, fill out Form	n 122C–2 and file it with this form. On line 3	39 of that form, copy your current r	nonthly income from line 14 above		

IN THE UNITED STATES BANKRUPTCY COURT DISTRICT OF NEW JERSEY CAMDEN DIVISION

IN RE: Neewilly, David	CASE NO
	CHAPTER 13

VERIFICATION OF CREDITOR MATRIX

The above named Debtor hereby	verifies that the attached	d list of creditors is true and	I correct to the hest of	of his/her knowledge
THE above harried Debitor Hereby	verilles triat trie attacrie	u iisi oi ci cultois is li uc ai it	1 0011601 10 1116 0631 1) 3/ E

Date <u>01/12/2018</u>	Signature	/s/ David Neewilly
Date	Signature	

AA Bail Bonds

6 E. Black Horse Pike Pleasantville, NJ 08232

Atlantic City Electric PO Box 13610 Philadelphia, PA 19101

Atlantic County Div. of Economic Assist. 1333 Atlantic Ave. Atlantic City, NJ 08401

AtlantiCare Physician Group PO Box 786061 Philadelphia, PA 19178-6061

Colleen M. Hirst, Esq. KML Law Group, PC 216 Haddon Ave # 406 Collingswood, NJ 08108-1120

Comcast Cable Po Box 3002 Southeastern, PA 19398-3002

Jorge F. Coombs 1201 New Rd Ste 230 Linwood, NJ 08221-1154

MidFirst Bank PO Box 26648 Oklahoma City, OK 73126-0648

Millennium Finance

Po Box 364 Metuchen, NJ 08840-0364

Annie Neewilly

44 Tunis Ave Pleasantville, NJ 08232-3037

Davidson Neewilly 6355 Barton Road North Olmsted, OH 44070

New Century Financial Services 110 S Jefferson Rd Whippany, NJ 07981-1038

New Jersey American Water Po Box 371771 Pittsburgh, PA 15250-7331

Office of the Public Defender

Hughes Justice Complex Po Box 850 Trenton, NJ 08625-0850

Pleasantville City Sewage

City of Pleasantville 18 N 1st St Pleasantville, NJ 08232-2604

Pressler and Pressler LLP

7 Entin Rd

Parsippany, NJ 07054-5020

Receivables Outsourcing, LLC

Po Box 62850 Baltimore, MD 21264-2850

Shore Memorial Hospital

PO Box 217 Somers Point, NJ 08244-0217

South Jersey Gas

Po Box 6091 Bellmawr, NJ 08099-6091

Stillman Law Office

50 Tower Office Park Woburn, MA 01801-2113

TTLBL LLC

4747 Executive Drive 510 San Diego, CA 92121

US Bank Corp.

50 South 16th St. 1950 Philadelphia, PA 19102

US Department of Education

2401 International PO Box 7859 Madison, WI 53704

Youngblood, Franklin, Sampoli & Coombs, P.A.

Cornerstone Commerce Center 1201 New Rd Ste 230 Linwood, NJ 08221-1154